

TABLE OF CONTENTS

INTRODUCTION

Preface	5
Editor's Note	5
Organization of Guidelines	5
HIV/AIDS Program Mission Statement	6

ADMINISTRATIVE GUIDELINES

Funding Requirements	7
Program Review Panel	7
HAP Acknowledgement Requirements	7
Informed Consent for HIV Testing	7
Needle Exchange Restrictions	7
Competitive Reapplication Process	7
Property Purchased Using OPH Funds	8
Community Planning Requirements	8
Personnel Requirements	8
Personnel Records	8
CBO Personnel Policy and Procedures Manual	8
Staff Resumes	8
Staff Logs and Schedules	9
Supervision of Employees	9
Conflict of Interest	9
Confidentiality	9
Representation of Employment	9
Contract Requirements	10
Budget Modifications/Line Item Changes	10
Audit Requirements	10
Equipment Purchases	11
Invoicing Requirements	11
Invoice Format	11
Travel Guidelines	12
Funds for Travel Expenses	12
Expenses Incurred on Business	13
Authorization to Travel	13
Claims for Reimbursement	13
Methods of Transportation	13
Mileage Reimbursement	13
Travel Allowance	14
Additional Key Points for Invoicing	16
Line Item Coding and Definitions	17
Sample CR-1 - Invoice Coversheet	18
Attachment CR-1 - Itemized Monthly Invoice Format	19

Attachment CR-2 - Invoice Deficiencies Format.....	21
Attachment CR-3 - CBO Change of Address Form.....	22
Sample CR-2 - Travel Expense Form.....	23
Technical Assistance	25
Technical Assistance Plan.....	25
Corrective Technical Assistance Plan	28
Grievance Procedure.....	28
Quarterly Report Requirement	29
<u>INTERVENTION STRATEGIES</u>	
Condom Availability	30
Description.....	30
Key Elements.....	30
Enrolling Condom Distribution Sites	30
Maintaining & Monitoring Condom Distribution Sites	31
Ordering Condoms	32
Documentation.....	33
Evaluation.....	33
Female Condom and Lube Availability Protocol	34
Attachment CA-1 - Condom Distribution Site Registration Form	35
Attachment CA-2 - Condom and Supplies Order Form	36
Attachment CA-3 - Condom Receipt Verification	37
Attachment CA-4 - Condom Monitoring Log.....	38
HIV Prevention Counseling, Testing, Referral and	
Partner Counseling and Referral (HIV CTRPC/R)	39
Description.....	39
Key Elements.....	39
Documentation.....	41
Personnel.....	41
Evaluation.....	42
LAB 100 Form.....	42
Quarterly Summary Statistics	42
Confidentiality Policy	43
Counseling and Testing Supplies	45
Partner Counseling and Referral Guidelines	46
Patient/Client Referral	47
Provider Referral.....	47
STD Program Referral	47
Counseling, Testing and Referral Guidelines	48
Informed Consent Form	50
Oral Fluid HIV Antibody Testing.....	52
Methods for Use.....	52
Methods for Use in a Mobile Setting.....	53
Procedures for Submitting Samples	54
Procedures for Post-Test Counseling	54
Handling Laboratory Results.....	55
Site Registration Form Guidelines	56
Attachment 1 - Site Registration Form	57

LAB 100 Form Instructions.....	58
Individual Confidentiality Agreement.....	77
Definitions for Demonstrated Skills in Counseling.....	78
Counseling Skills Inventory	84
Counseling and Testing Supply Order Form.....	86
Popular Opinion Leader	87
Description.....	87
Key Elements.....	87
Steps	88
Pre-Implementation.....	88
Implementation.....	88
Maintenance and Evaluation	89
Personnel	89
Documentation.....	89
Evaluation.....	90
Attachment 1 - Site Registration Form	91
Attachment POL-1 - Contact Information Form.....	92
Attachment POL-1 - Individual Confidentiality Agreement.....	93
Instructions for Completing POL Log.....	94
Attachment POL-2 - POL Log.....	96
Attachment POL-3 - Nomination Form.....	97
Small Group Sessions	98
Description.....	98
Key Elements.....	98
Personnel	99
Documentation.....	99
Evaluation.....	99
Attachment 1 - Site Registration Form	100
Instructions for Completing SGS Log.....	101
Attachment SGS-1 - SGS Log.....	102
Attachment SGS-2 - Peer Leader Log	103
Street Outreach	104
Description.....	104
Key Elements.....	104
Female Condom and Lube Availability Protocol	105
Personnel.....	105
Documentation.....	106
Evaluation.....	106
Protocol SO-1 - Street Outreach Survey Protocol.....	107
Street Outreach Survey Refusal Log.....	109
Street Outreach Survey	110
Street Outreach Daily Activity Log.....	111
Street Outreach Client Intercept Interview	112
Street Outreach Site Log	113
Attachment 1 - Site Registration Form	114
Street Outreach Safety Protocol.....	115

Venue Based Outreach	117
Description.....	117
Key Elements.....	118
Steps	118
Personnel.....	119
Documentation.....	120
Evaluation.....	120
Attachment 1 - Site Registration Form	122
Instructions for Completing VBO Environment Survey.....	123
Attachment VBO-1 - VBO Environment Survey.....	126
Attachment VBO-2 - VBO Log	128
<u>RESOURCE DIRECTORY</u>	
Resource Directory Guide.....	129
HIV/AIDS Program Directory	130
Regional STD Staff Directory.....	133
Regional OAD Directory.....	134
Regional MHC Directory	135
2001 HAP Funded CBOs.....	136
HAP Resource Library	142
Printed Educational Materials.....	142
Guidelines for Ordering Print Materials	142
Educational Video Library	142
HIV/AIDS Line	143
HAP Training Opportunities.....	144
Additional Training Resources.....	145
Hotline Numbers.....	147
Websites	148
Glossary	150

PREFACE

EDITOR'S NOTE

The purpose of this document is to present clear, concise and consistent guidelines to persons involved in the implementation of programs designed to reduce the transmission of HIV.

The guidelines contained in this manual replace all existing guidelines. It is recommended that CBO personnel become acquainted with this manual, since these guidelines are official policy of the HIV/AIDS Program. Please submit any comments and/or suggestions regarding this manual to your Regional Coordinator.

ORGANIZATION OF GUIDELINES

The HIV Prevention Contractor Guidelines have been sectionalized to facilitate finding information quickly. There are three sections; in addition, attachments (forms, logs, formats), protocols, samples and surveys have been organized and labeled.

The sections are:

- 1) Administrative Guidelines
 - a. Funding Requirements
 - b. Contract Requirements
 - c. Technical Assistance
 - d. Quarterly Reporting Requirements
- 2) Intervention Guidelines
 - a. Condom Availability
 - b. HIV Prevention Counseling, Testing, Referral & Partner Counseling & Referral
 - c. Popular Opinion Leader
 - d. Small Group Sessions
 - e. Street Outreach
 - f. Venue Based Outreach
- 3) Resource Directory
 - a. HIV/AIDS Program Directory
 - b. Regional STD, ADAC and MHC Directories
 - c. 2001 HAP Funded Community Based Organizations
 - d. HAP Resource Library
 - e. HAP Training Opportunities
 - f. Additional Training Resources
 - g. Hotline Numbers
 - h. Websites
 - i. Glossary

HIV/AIDS PROGRAM MISSION STATEMENT

MISSION

To prevent and reduce morbidity and mortality due to HIV/AIDS and other sexually transmitted diseases.

GOALS

- To assure that quality treatment, housing and psychosocial services are available for HIV infected persons.
- To assure that an effective STD control program is in place and is well coordinated with HIV prevention/treatment.
- To prevent or decrease high-risk behavior among persons in Louisiana by:
 - a. Collaborating with other organizations to decrease or prevent high-risk behavior in communities.
 - b. Identifying high-risk seronegative persons and decreasing their risky behaviors.
 - c. Decreasing high-risk behavior among HIV-infected persons.
- To monitor trends in the HIV epidemic in order to guide HIV prevention and treatment efforts.
- To provide accurate information and education to professionals and groups regarding HIV.
- To evaluate the effectiveness of disease intervention activities.
- To develop and make recommendations regarding effective prevention and early treatment strategies.
- To assure the availability of early detection of HIV infection.
- To participate in the evaluation of new prevention technologies.

FUNDING REQUIREMENTS

PROGRAM REVIEW PANEL

CBOs developing or purchasing materials paid for with HAP prevention funds are required to submit materials to the HAP Program Review Panel for approval prior to purchase and/or distribution. Copies of materials should be submitted to HAP through your Regional Coordinator. This process takes a minimum of six (6) weeks to complete. Materials currently approved do not require re-approval.

HAP ACKNOWLEDGMENT REQUIREMENTS

Any materials or events that are to be supported with HAP prevention funds require written acknowledgment of the funding source by the CBO.

Examples of printed acknowledgment are:

- Brochure development sponsored, in part, by the Louisiana Office of Public Health, HIV/AIDS Program.
- Sponsorship for this event was made possible, in part, by a grant from the Louisiana Office of Public Health, HIV/AIDS Program.

Written acknowledgment is not necessary for pre-printed brochures purchased in bulk from a vendor using HAP funds. If you are unsure if an acknowledgment is necessary, please contact your Regional Coordinator.

INFORMED CONSENT FOR HIV TESTING

State law requires that prior to clients receiving testing, an “informed consent” for HIV Testing be obtained. It is recommended that clients testing anonymously write their LAB 100 number at the bottom of the informed consent form. Clients testing confidentially must sign their name. CBOs may use the informed consent form found within this manual or may develop their own form, which is consistent with the content required by state law.

NEEDLE EXCHANGE RESTRICTIONS

At this time, federal law prohibits the use of federal funds for needle exchange programs.

COMPETITIVE REAPPLICATION PROCESS

A three-year competitive funding application process is conducted during the HAP Solicitation of Proposals for currently funded agencies and potential applicants. Budgets and objectives will be reviewed and adjusted each year. CBOs should not assume that funds will be continued solely because they have received funds for the first year.

PROPERTY PURCHASED USING OPH FUNDS

The Office of Public Health requires that all equipment purchased for more than \$250.00 using HAP funds be tagged as State of Louisiana property. Therefore, all equipment tagged must be returned to the HIV/AIDS Program following the termination of a CBO's contract or the failure to obtain continued funding. This requirement is retroactive from January 1, 1997. Any qualifying purchases prior to that date will not be included.

COMMUNITY PLANNING REQUIREMENTS

HIV Prevention Community Planning is a CDC required process, which is designed to set statewide priorities for HIV prevention in Louisiana based on a participatory process, with an emphasis on input from the at-risk community. Louisiana has chosen the format of one statewide group to set target populations and intervention strategies and ten (10) regional and local groups to write regional implementation plans.

Funded CBOs are required to provide representation on the regional community planning groups and are allowed one vote in the decision making process. In addition, CBO representatives will be asked to provide an overview of their contracted HIV prevention objectives and target areas to their regional planning group early in the contract year.

The State's HIV Prevention Grant to the CDC and the State's Solicitation of Proposals for those interested in providing HIV prevention activities are based upon the community planning process. The regional HIV prevention community planning process is coordinated by the Regional Coordinator. The nomination process for the following planning year begins in August, and the current plan is in place until December 31, 2003.

PERSONNEL REQUIREMENTS

Personnel Records

CBOs are required to maintain a personnel record for each employee funded through the HAP award. Files must include staff resumes, reference check information, copies of performance evaluations, copies of certificates for required and/or continuing education courses completed (e.g., counseling and testing training, street outreach training, etc.), a signed confidentiality statement and other pertinent personnel information.

CBO Personnel Policy and Procedures Manual

Funded CBOs are required to have a personnel policy and procedures manual that includes detailed grievance and disciplinary policies specific to the agency. Sample grievance and disciplinary policies are available through the Regional Coordinator.

Staff Resumes

When new employees funded by HAP are hired, copies of their resumes should be forwarded to the Regional Coordinator within two (2) weeks after hiring. These will be placed in the HAP central office file and used for audit purposes.

Staff Logs and Schedules

Sample logs and schedules of staff whereabouts are provided in this manual. Personnel logs and schedules are to be maintained and made available for review by HAP upon request. Non-traditional hours should be reflected on logs.

Supervision of Employees

A three-month performance evaluation for new hires is recommended. Performance evaluations of all staff funded through the HAP award are required to be conducted at a minimum of once per year. Evaluations are required to be maintained in the employee's personnel record. Sample evaluation forms are available through the Regional Coordinator.

Conflict of Interest

HAP policy prohibits CBO staff from serving as voting members of that same organization's governing board.

Confidentiality

CBO staff and volunteers conducting HIV prevention activities for the HAP contract are required to sign an individual confidentiality agreement declaring that they will not disclose any personal information about any client or person participating in any prevention activity or service.

Representation of Employment

Employees funded through the HAP award are employees of their respective CBOs and must be supported as such. All personnel issues are to be handled in accordance with the agency's personnel policy and procedures manual. It is recommended that street outreach workers be provided with identification badges from the agencies they represent. It would be a misrepresentation for a CBO employee to claim to be a representative of the Office of Public Health; therefore, the Office of Public Health will not provide identification badges for employees of funded CBOs.

CONTRACT REQUIREMENTS

BUDGET MODIFICATIONS/LINE-ITEM CHANGES

CBOs are expected to adhere to the negotiated budget amounts per budget category (line item). If a CBO finds it absolutely necessary to make changes to the original line-item allocation, a written request for budget modification may be submitted to the HIV/AIDS Program at least fifteen (15) working days prior to the intended effective date. Requests for modifications regarding personnel and associated costs must include names of staff (both new and replaced staff, if a replacement is requested) and hourly pay rates (both current and proposed). HAP will determine whether or not the requested modifications are reasonable, within the scope of the original goals and objectives and in line with the terms of the original contract. Changes that affect the goals and objectives or terms of the contract can only be accommodated by an official contract amendment. A Department of Health and Hospitals contract amendment requires approximately two months to process. Failure to submit budget modifications/staff changes in a timely fashion may delay reimbursement.

AUDIT REQUIREMENTS

All DHH contractors receiving \$100,000.00 or more in one or more state contract(s) are required to engage an independent and certified accounting firm to conduct their annual organizational audit for the accounting period in which they have been receiving a state contract. The rules governing the audit requirement for contractors are stated on page 2, item #3 of the DHH contract document, CF1. The type of audit report to be submitted is dependent upon the type of organization, the type of contract (social service, professional, consulting, etc.) and the amount of state or federal funds involved. A DHH Audit Determination Checklist is available as a guide to help determine the type of audit report required from a CBO. This is only a guide. CBOs are advised to consult a CPA or other qualified accounting firm to determine the type of audit report required of them.

If a CBO is required to submit an audit report, it must be submitted within 180 days (6 months) after the end of its accounting period. This requirement does not relieve the CBO from submitting a report during the contract period if the accounting period ends before the termination of the contract. This is especially true in multi-year contracts. When the CBO's accounting year ends during the contract period, an audit for the accounting period that just ended is due 180 days after the end of the accounting period.

A CBO required to submit an audit must send four (4) copies to DHH, Division of Fiscal Management, P.O. Box 3797, Baton Rouge, LA 70821-3797 and one (1) copy to the HAP Financial Operations Manager.

If an audit indicates non-compliance or a finding that needs to be addressed by the CBO, then a formal written response is required. This response is to be submitted to the Division of Administration - Office of Fiscal Management and a copy should also be submitted to the HAP Financial Operations Manager. A response to audit findings is equally as important as the audit itself, since future contract approval may depend on it.

EQUIPMENT PURCHASES

Any equipment costing \$250.00 or more and purchased through a state contract remains the property of the state. CBOs can use this equipment until the discontinuation of funding by OPH for HIV/AIDS services. At that time, the items should be returned to the state and tagged by OPH. When equipment costing \$250.00 or more is purchased, CBOs are required to submit information to HAP regarding the identity of the item (i.e., cost, type, location and a copy of the purchase document) when submitting an invoice for reimbursement.

INVOICING REQUIREMENTS

In order to be reimbursed for costs associated with contracted HIV prevention activities, CBOs are required to submit invoices within one week after the end of the month for which payments are requested. Invoice processing may take up to two to four (2-4) weeks from the date it is received by HAP. Public holidays and weekends should be considered when invoices are submitted. All HIV/AIDS prevention contract invoices should have the format described below.

Invoice Format

1. Invoice cover sheet (summary invoice) on CBO letterhead should include the following (see Sample CR-1):
 - Contract number (CFMS #)
 - Month/payment period
 - Current month's charges by line item (each line item listed must have a negotiated budget amount in the contract)
 - Total of all line-item amounts for the current month
 - Name, title and signature of an authorized CBO representative

This page will be considered the official reimbursement request/invoice from the CBO and will be the invoice submitted to OPH Fiscal for payment.

2. A detailed or itemized expenditure listing of the current month's invoice within each line item. Each expense item must be supported by documentation. Documentation or receipts must be attached and include an explanation when required (see Attachment CR-1). Please note the following points concerning the itemized invoice and supporting documentation:

- Itemized monthly invoice sheets must clearly identify each charge, including those within subcategories. For example, the names of each employee and the salary to be charged should be listed in the personnel category (see Attachment CR-1).
- Incomplete or unclear invoices will be returned to the agency (see Attachment CR-2).
- Each bill/receipt must be highlighted, indicating the amount to be reimbursed. If reimbursement from HAP is being requested on a part of the total bill/receipt, write directly onto the bill what portion is to be charged to the HAP contract. A description of the expenditure and line item category is to be written directly on the receipt.
- Monthly charges in the personnel category should be consistent with amounts in the prevention contract (e.g., spread out over a 12-month period).
- Timesheets showing times logged in and out must be provided for each employee.
- Travel expense forms and timesheets must be signed by supervisors at the site before submittal. If not signed, travel expense forms and timesheets will be returned for actual signatures.
- Travel expense forms must be completed and submitted in accordance with the travel guidelines outlined below.
- CBOs should ensure that accounting is done correctly. Errors in accounting will delay reimbursement.
- Request must be approved.

TRAVEL GUIDELINES

Travel expense forms can be obtained from the Regional Coordinator (see Sample CR-2). Travel reimbursements will be made according to the state travel policy. Please note the following concerning some important points in the state's travel policy.

The HIV/AIDS Program adheres to the State of Louisiana Travel Guidelines. Funded CBOs are required to submit invoices in compliance with the guidelines outlined below.

1. Funds for travel expenses

Persons traveling on official business will provide themselves with sufficient funds for all routine travel expenses. HAP cannot provide travel advances to CBO employees.

2. Expenses incurred on business

Reimbursable expenses of travelers shall be limited to those expenses that are related to prevention activities. Only prevention activities will be reimbursed. If you have any questions, contact the HAP office prior to attending meetings and conferences.

3. Authorization to travel

All out-of-state travel must be approved prior to travel. A travel authorization form (TA), along with a conference agenda, must be sent to the HAP Prevention Program Manager to request approval. Copies of travel authorization forms can be obtained from your Regional Coordinator.

4. Claims for reimbursement

- a. All claims for reimbursement will be submitted on the state travel expense account form (TE). All required receipts must be sent with the travel expense form. Out-of-state (e.g., one-time conference) travel should be listed on a separate travel expense form and submitted along with regular monthly travel. Copies of travel expense forms can be obtained from your Regional Coordinator (see Sample CR-2).
- b. The following information must be on the travel expense form:
 - Name of traveler;
 - Traveler's street address;
 - Places traveled;
 - Odometer readings (beginning and end) and total mileage;
 - Date(s) of travel, time trip began and time trip ended;
 - Food amount (reimbursable only to amount listed in state guidelines).

Be consistent on all information (names, addresses, etc.) between travel authorization and travel expense forms or they will be returned.

5. Methods of Transportation

The most cost-effective method that will accomplish the purpose of the travel shall be selected. Among the factors to be considered should be length of travel time, cost of operation of a vehicle and cost and availability of common carrier services.

6. Mileage reimbursement

Mileage will be reimbursed up to the rate of \$0.28 per mile and depends on the agency policy. Mileage will be reimbursed from the office to a field site. Mileage from home to the office will not be reimbursed. Car rental fees are not reimbursable. In addition, gas expenditures are not reimbursable when mileage reimbursement is requested.

7. Travel Allowance

A. Lodging (receipt required)

Actual-not to exceed:

\$55.00	In state (except those listed below)
\$60.00	Baton Rouge
\$70.00	Bossier City, Lake Charles* and Shreveport
\$80.00	New Orleans*
\$65.00	Out-of-state (except those listed below)
\$105.00	High cost (Baltimore, Atlanta, Boston, Chicago, Cleveland, Dallas, Denver, Detroit, Houston, Los Angeles, Miami, Nashville, Philadelphia, Phoenix, Pittsburgh, San Diego, San Francisco, St. Louis, Seattle, Washington DC, all of Alaska, all of Hawaii)*
\$165.00	New York City*

*The inclusion of suburbs of these cities shall be determined by the HAP Prevention Program Manager on a case-by-case basis. Does not apply to conference lodging.

B. Conference Lodging - Travelers may be reimbursed actual expenses for conference lodging not to exceed the following rates per day. Receipts from a bona fide hotel or motel for lodging shall be submitted and attached to the travel expense form.

\$65.00	In state
\$70.00	Baton Rouge
\$80.00	Bossier City, Lake Charles, Shreveport
\$100.00	New Orleans, * state sponsored conferences
\$140.00	Out-of-state and New Orleans for non-state sponsored conferences*

\$165.00 New York*

*The inclusion of suburbs of these cities shall be determined by the HAP Prevention Program Manager on a case-by-case basis.

C. **Meals** - Travelers may be reimbursed up to the following amounts:

	<u>In-State</u>	<u>Out-of-State</u> (including N.O.)	<u>High-cost</u>
Breakfast	\$6.00	\$6.00	\$8.00
Lunch	\$8.00	\$9.00	\$10.00
Dinner	<u>\$12.00</u>	<u>\$14.00</u>	<u>\$19.00</u>
	\$26.00	\$29.00	\$37.00

D. **Travel Period** - Travelers may be reimbursed for meals according to the following schedule:

Breakfast - When travel begins at or before 6:00 a.m. on the first day of travel, extends beyond 9:00 a.m. on the last day of travel and for any intervening days.

Lunch - No reimbursement shall be made for lunch for travel except when travel extends over at least one night or if the traveler is eligible for both the breakfast and dinner meals. If travel extends overnight, lunch may be reimbursed for those days where travel begins at or before 10:00 a.m. on the first day of travel, extends beyond 2:00 p.m. on the last day of travel and for any intervening days.

Dinner - When travel begins at or before 4:00 p.m. on the first day of travel, extends beyond 8:00 p.m. on the last day of travel and for any intervening days.

ADDITIONAL KEY POINTS FOR INVOICING

- Submit invoices to the HAP Business Office, 234 Loyola Avenue, 5th Floor, New Orleans, LA 70112; Attention: Contract Specialist.
- Retain a copy of the invoice coversheet and supporting documents to be submitted to HAP.
- Costs are only reimbursed after they occur. No advances will be approved. Conference registration and fees, in particular, cannot be reimbursed until after the conference or training has taken place.
- Address changes must be reported to the OPH Fiscal Office by submitting a memo AND completing a new W9 Form. Invoice checks can be routed to the new address ONLY if sufficient advance notice is given to the Fiscal Office with the completion of the W9 Form. Failure to report address changes in the manner specified will delay reimbursement.
- December invoices will not be processed until required documentation is submitted.
- Questions regarding invoicing should be directed to HAP's Program Manager at 504-568-7474.

LINE ITEM CODING AND DEFINITIONS

- (11) Personnel Services - Staff paid by the contract.
- (41) Related Benefits - Fringe benefits of paid staff, including:
 - FICA
 - Medical insurance
 - Worker's Compensation
 - Unemployment taxes
- (59) Educational - Statewide educational conference and workshop/training expenses.
- (14) Supplies - Office supplies and educational pamphlets.
- (12) Travel - All in-state field and workshop travel, out-of-state travel.
- (13) Operating Services -
 - Rent
 - Utilities
 - Telephone
 - Postage
 - Printing
 - Insurance
 - Advertising
- (50) Equipment - Office equipment such as computers, fax machines, etc.
Note: OPH is required to tag equipment purchased over \$250.00 (see Funding Requirements).
- (44) Accounting/Clerical - Audit fees.
- (38) Contractual Services - Sub-contractual services for which OPH agrees to pay.
- (36) Indirect Costs - Only incurred when CBO is under a parent organization and needs to pay their share of rent, utilities, insurance, etc. Can only be paid through this category when not put under operating services.

NOTE: HIV prevention funds from OPH can only be used for expenses and salaries actually used for HIV prevention activities. If a CBO receives funding from other sources, only a proportionate amount can be charged to HIV prevention activities. For example, if 50% of a CBO's funding is for Ryan White CARE Act and 50% is for HIV prevention, only 50% of the rent may be charged to prevention.

**INVOICE COVERSHEET
(CBO LETTERHEAD)**

CBO NAME

Contract # -

Date -

Dates Covered - July 1 - July 31, 2001

The following HIV prevention related expenses were incurred during this period. We request a reimbursement of the total amount shown below per DHH contract # _____.

(11)	Personnel Services.....	\$4,854.59
(41)	Related Benefits.....	\$792.85
(59)	Educational.....	\$75.00
(14)	Supplies.....	\$58.49
(12)	Travel	\$77.04
(13)	Operating Services	\$343.85
(50)	Equipment	\$279.32
(44)	Accounting/Clerical	\$150.00
(36)	Indirect Costs.....	<u>\$00.00</u>

TOTAL REIMBURSEMENT REQUESTED\$6,631.14

**ITEMIZED MONTHLY INVOICE FORMAT
(CBO LETTERHEAD)**

ITEMIZED INVOICE FOR:

 Month/Year

 Contract No.

(11) PERSONNEL

List each position, % time x salary.
Attach sign-in and payroll sheets.

Total

(41) FRINGE BENEFITS

(% x Total Salaries)

Total

(59) EDUCATIONAL WORKSHOPS/TRAINING
(Do NOT include Travel)

Attach agendas, schedules.

Total

(14) SUPPLIES (office, educational)

Attach copies of invoices, paid checks.

Total

(12) TRAVEL (in state, out-of-state)

Attach travel expense forms for each employee.

Total

(13) OPERATING EXPENSES

Attach all documentation in listed order.

Telephone	_____
Advertising	_____
Printing	_____
Postage	_____
Utilities	_____
Rent	_____
Insurance	_____
Other (specify)	_____

Total	_____
-------	-------

(50) OFFICE EQUIPMENT

Attach all invoices, paid checks.

Total	_____
-------	-------

(44) ANNUAL AUDIT

HIV prevention grant should
only pay its proportionate
share of audit.

(36) INDIRECT COSTS

Only incurred when there is
a parent organization and rent,
utilities, etc., are not charged in
operating expenses section.
Maximum allowed is 10% of
prevention component.

TOTAL INVOICE	_____
---------------	-------

**FORMAT FOR HAP LETTER
OUTLINING INVOICE DEFICIENCIES**

**HIV/AIDS Program, OPH
234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7474
Fax - 504-568-7044**

TO: _____

FROM: _____

Your invoice is being returned for the following reason(s):

- ___ 1. Receipt was missing for _____.
- ___ 2. Travel expense form was not filled out correctly _____
_____.
- ___ 3. Travel expense form was not signed.
- ___ 4. Travel expense form - time of departure and return was not documented.
- ___ 5. Not clear how portion of total amount was calculated to be charged to HAP on receipt _____.
- ___ 6. Cost not reimbursable with prevention funds _____.
- ___ 7. Overspent in line item category _____ without prior approval.
- ___ 8. Other: _____

Please respond and return as soon as possible in order to expedite payment.

CBO CHANGE OF ADDRESS FOR FISCAL OFFICE AND HAP

If an agency's address changes, the CBO is required to complete the Division of Fiscal Management's change of address form. A copy of the form must be sent to the Division of Fiscal Management and HAP. Completing this form and mailing it to the Division of Fiscal Management is the only way a CBO may have reimbursement checks sent to their new, correct location. The form wording refers to "employee" but is also used for organizations.

**Department of Health and Hospitals
Division of Fiscal Management
Attention: Travel Unit
P.O. Box 61979
New Orleans, LA 70161-1979**

RE: Employee/Agency Address Update

PLEASE PRINT

NAME: _____

S.S.# _____ Contract# _____

OLD ADDRESS:

Street: _____

P.O. Box: _____

City/State/Zip: _____

NEW ADDRESS:

Street: _____

P.O. Box: _____

City/State/Zip: _____

Signature Required _____

Date _____

TECHNICAL ASSISTANCE

The HIV/AIDS Program will provide technical assistance to funded HIV prevention contractors for both administrative and programmatic activities. Technical assistance will be provided and/or coordinated by the Regional Coordinators.

Specific areas of technical assistance that HAP will provide include:

- Monitoring of CBO contract objectives.
- Assistance in planning, training, implementing and evaluating HIV prevention intervention strategies.
- Assistance with coordination of community networking and collaboration activities.
- Dissemination of state policies and procedures.
- Other areas relevant to HIV prevention contracts as well as in response to requests for assistance.

Agencies that do not adequately meet their contract requirements may jeopardize future funding opportunities.

The HIV/AIDS Program is responsible for the development, training and technical assistance of specific intervention strategies. Additional responsibilities include public relations related to the HIV/AIDS Program and the services it provides/funds, as well as the dissemination of educational brochures, videos and communications.

The following Technical Assistance (TA) Plan has been devised for funded CBOs.

Contract Negotiations

Dates -	Beginning third week in October
Purpose -	To negotiate contracts to be awarded in upcoming calendar year.
Content -	Review proposed contract objectives and revise if necessary. Ensure objectives are realistic, clear and measurable. Review and revise contract budget, as needed. Assess technical assistance and capacity building needs.
Conducted By -	HAP Prevention Staff
Participants -	CBO Executive Directors, HAP Central Office staff and HAP Regional Coordinators

Pre-contractual Technical Assistance Visits

Dates-	December
Purpose-	To assess technical assistance needs of newly funded agencies.
Content-	Initial meeting with organization management. Review proposed interventions and discuss the organization's current level of training and technical assistance. Assess CBO organizational and physical structure.

Pre-contractual Technical Assistance Visits - Continued

Conducted By- HAP Prevention Staff
Participants- CBO Executive Directors, HAP Supervisors and HAP Regional Coordinators

HIV Prevention Contractor's Guidelines

Distributed - At CBO Orientation
Purpose - To provide clearly written documentation of administrative and programmatic guidelines to agencies funded to conduct HIV prevention activities.
Content- Administrative guidelines include contract and invoicing requirements. Programmatic sections include descriptions, protocols and evaluation tools.
Resource directory includes regional/local STD, alcohol and drug treatment, mental health and training resources, as well as national websites and hotline numbers.
Prepared By - HAP Prevention and Training Staff

CBO Executive Director's Orientation Meeting

Dates - January
Purpose - To re-orient existing funded CBOs and to orient newly funded CBOs.
Content - General orientation for HIV prevention contractors.
Review of HIV Prevention Contractor's Guidelines revisions.
Introduction of Regional Coordinators/Supervisors and Training Staff.
Provide a forum for topic discussions between organizations.
Conducted By - HAP HIV Prevention and Training Staff
Participants - CBO Executive Directors and CBO Prevention Coordinators

Orientation Site Visit

Dates - January
Purpose - To re-orient existing funded CBOs and to orient newly funded CBOs.
Content - Review of contract objectives, HIV Prevention Contractor's Guidelines and HAP technical assistance plan.
Conducted By - HAP Regional Coordinators
Participants - CBO Executive Director/Staff and CBO Prevention Coordinators

First Technical Assistance Site Visit

Dates - February/March
Purpose - To provide ongoing technical assistance to CBOs.
Content - Direct observation of all funded HAP prevention activities.
Review of contract objectives, quarterly reports and statistics. Written documentation of overall impressions of programs including recommendations for areas that need improvement. Exit interview to summarize results.
Conducted By - HAP Regional Coordinators
Participants - CBO Staff

First Follow-up Technical Assistance Site Visit

Dates -	March/April
Purpose -	To provide additional technical assistance to CBOs found to be in need of improvement during initial technical assistance visit.
Content -	Direct observation and review of documentation of areas that have been found to be in need of improvement during first quarterly TA visit. Additional written documentation regarding progress toward improving areas of weakness from first TA visit and recommendations for areas that continue to need improvement.
Conducted By -	HAP Regional Coordinator
Participants -	CBO Staff

Second Technical Assistance Site Visit

Dates -	August
Purpose -	To provide ongoing technical assistance to CBOs.
Content -	Observation of prevention activities. Review contract objectives, quarterly reports and statistics. Written documentation of overall impressions of programs, including recommendations for areas that need improvement.
Conducted By -	HAP Regional Coordinator
Participants -	CBO Staff

Second Follow-up Technical Assistance Site Visit

Dates -	September
Purpose -	To provide additional technical assistance to CBOs found to be in need of improvement during second technical assistance visit.
Content -	Direct observation and review of documentation of areas that have been found to be in need of improvement during second quarterly technical site visit. Additional written documentation regarding progress toward areas of weakness from second TA visit and recommendations for areas that continue to need improvement.
Conducted By -	HAP Regional Coordinator
Participants -	CBO Staff

Ongoing Technical Assistance

Dates-	Year round as requested and/or needed
Purpose-	To provide technical assistance to CBOs as needed.
Content-	Phone calls and/or personal visits as needed. Training on HIV prevention interventions.
Conducted By-	HAP Regional Coordinator
Participants-	CBO Staff

Special Technical Assistance Assessment Site Visit

Dates-	Year round as needed
Purpose-	Provide additional technical assistance to an identified agency.
Content-	Observation of prevention activities. Review contract objectives, quarterly reports and statistics. Written documentation of overall impressions of recommendations for areas that need improvement.
Conducted By-	HAP Regional Coordinator, HAP Supervisor and HAP Program Manager
Participants-	CBO Staff

CORRECTIVE TECHNICAL ASSISTANCE PLAN (CTAP)

HAP will provide targeted technical assistance and monitoring to agencies out of compliance with CBO contract objectives through the use of a corrective technical assistance plan (CTAP).

An agency may be placed on a CTAP when any of the following conditions are present:

- Two or more interventions are found to be in need of improvement during a site visit.
- An overall intervention strategy has been listed as "Needs Improvement" for two technical assistance site visits.
- An agency fails to meet 66% of the overall contract objectives for a specific intervention strategy as assessed during the second quarterly report.

An agency placed on CTAP will receive a written notice of specific areas of programmatic and/or administrative weakness, in addition to a technical assistance plan with specific recommendations outlining steps to improve areas cited. Follow-up technical assistance site visits will be conducted in order to assess the agency's ability to resolve deficiencies.

Agencies that do not resolve or adequately address deficiencies may jeopardize future funding opportunities with HAP.

GREIVANCE PROCEDURE

If an agency wishes to address a concern with a HAP policy or procedure, a site visit report or an issue associated with a Regional Coordinator, the following procedure is recommended:

1. An agency is requested to verbally address the concern immediately with their Regional Coordinator.
2. The Regional Coordinator will respond to or address the concerns expressed by the CBO in a timely manner either verbally or in writing.
3. In the event that the Regional Coordinator cannot resolve the issue, he/she will document and forward the concern to his/her HIV Prevention Supervisor.
4. The HIV Prevention Supervisor will review the concern with the Prevention Management team, determine the appropriate response and communicate that response to the Regional Coordinator.

5. The HIV Prevention Supervisor and Regional Coordinator will communicate the response to the CBO either verbally or in writing.

QUARTERLY REPORT REQUIREMENT

A narrative quarterly report will no longer be required by OPH from contractors; however, a form will be submitted and accompanied by required documentation, as listed throughout these guidelines. The Regional Prevention Coordinator will distribute the new form which will be accompanied by brief guidelines during the orientation site visit.

On October 1st, a more detailed progress report describing the agency's activities from January 1st through August 31st will be required for any agency who wishes to continue contracting with OPH for another year. The negotiation of next year's contract will not begin until OPH receives this required progress report, which will contain proposed objectives for the next year's contract. More information regarding this activity will be distributed to contracting agencies during the second quarter of 2001.

CONDOM AVAILABILITY

DESCRIPTION

The goal of this intervention is to make no-cost condoms available to at risk persons through fixed commercial businesses (e.g., beauty shops, bars, tattoo parlors, convenience stores, etc.), not-for-profit sites (e.g., community centers, housing developments, gatekeepers, etc.), and to high-risk individuals. CBOs are to establish and monitor no-cost condom distribution at fixed commercial businesses and not-for-profit sites.

All condom distribution activities must be done in collaboration with the Regional Coordinator and in compliance with community planning recommendations.

KEY ELEMENTS

- Condom Availability sites should reflect the high-risk target areas/sites which are listed in the Regional HIV Prevention Implementation Plans for 2001. Condoms are to be distributed at no cost to clientele through pre-approved distribution sites.
- Condoms should be visible and accessible to the clientele (e.g., on the counter).
- Signs/posters and other print materials should be used to promote the distribution of these condoms.
- “Operation Protect” stickers, including a handwritten “No-Cost Condoms” on the stickers, should be posted on the fishbowls prior to their being dropped off in order to ensure condoms are not sold to clients.
- Condoms are to be distributed by CBOs during street and venue based outreach, HIV counseling and testing and during all other HIV prevention activities funded by HAP.

ENROLLING CONDOM DISTRIBUTION SITES

CBOs must request approval for each condom distribution site meeting the above criteria by completing the **Condom Distribution Site Registration Form** (Attachment CA-1).

Eligible sites for no-cost condom distribution can be:

1. Any of the following sites located in high-risk areas as determined by the regional community planning group:
 - Bars
 - Liquor stores
 - Convenience stores
 - Housing developments
 - Beauty salons & barber shops
 - Private physicians' offices (whose clientele is high-risk)
 - Gatekeepers
 - Laundromats
 - Other sites approved by the Regional Coordinator

OR

2. Identified high-risk sites that are not located in designated high-risk areas, as determined by the regional community planning group where individuals are participating in high-risk behaviors:
 - Gay bars
 - Crack houses, shooting galleries and other drug-use houses
 - Houses of prostitution
 - One-hour motels
 - Adult book stores
 - Community health centers
 - Strip clubs
 - Public sex environments

Note: These criteria are subject to change based on the availability of funds.

MAINTAINING AND MONITORING CONDOM DISTRIBUTION SITES

Once approved, condom distribution sites should be provided with CBO contact names and phone numbers so sites may call the CBO to replenish their condom supply as needed. It is recommended that CBOs tape their business card and/or contact information to the bottom of the fishbowl as well. It is the responsibility of the agency to monitor and replenish each site's condom supply.

CBOs should provide sites with a fishbowl(s) and other prevention print materials (brochures, posters and stickers) to promote the condom distribution program. These materials may be obtained through the Regional Coordinator.

CBOs should leave a minimum of one-half (1/2) case of condoms per visit and a maximum of four (4) cases (unless pre-approved by the Regional Coordinator). Each condom distribution activity should be recorded on the **Condom Monitoring Log** (Attachment CA-4) as a monthly total.

Each pre-approved condom distribution site is to be monitored by the assigned CBO a minimum of two (2) times per quarter to ensure that the sites have adequate supplies of condoms. One physical visit per quarter to each location must be conducted. Other contact with the location may occur via telephone. Physical visits with condom distribution sites are to be recorded on the **Condom Monitoring Log** (Attachment CA-4). For each site, record the total number of condoms dropped off for each month.

ORDERING CONDOMS

CBOs are encouraged to order condoms in quantities sufficient to support up to three (3) months of CBO prevention activities (street and venue based outreach, condom availability, HIV counseling and testing, etc.).

Condom orders are to be submitted to the Regional Coordinator by the first of every other month (**February, April, June, August, October and December**). HAP will process orders to the manufacturer during the middle of these months (please see schedule.) **If a CBO has an outstanding monitoring log or packing slip, or the order is received after the deadline, the order will not be placed until the next cycle.**

Orders and Monitoring Logs to Regional Coordinators By 5pm	Due to Condom Database Manager with Regional Supervisor's Initials By 5pm	Order Deadline
February 5, 2001	February 9, 2001	February 12, 2001
April 6, 2001	April 12, 2001	April 13, 2001
June 8, 2001	June 14, 2001	June 15, 2001
August 6, 2001	August 10, 2001	August 13, 2001
October 5, 2001	October 11, 2001	October 12, 2001
December 5, 2001	December 10, 2001	December 11, 2001

HAP will make efforts to provide the type/style of and number of cases of condoms that the CBO requests. Additionally, the condom type/style and quantities will also be based on current availability.

CBOs are strongly encouraged to order adequate condom supplies in a timely fashion since it is not possible for HAP to process rush orders. Allow a minimum of two to three (2-3) weeks for delivery.

To place and verify receipt of a no-cost condom order:

1. Submit the following to the HAP Regional Coordinator:
 - **Condom Monitoring Log** (Attachment CA-4) for the previous two-months of condom distribution activities.
 - **Condom and Marketing Supplies Order Form** (Attachment CA-2) for up to a three-month supply.
2. Immediately upon receipt of the condom shipment, mail the packing slip to the HAP Office, Attn: Condom Unit. Keep a copy of the packing slip in your agency's files. If a shipment does not include a packing slip, a **Condom Receipt Verification Form** (Attachment CA-3) needs to be filled out and submitted to the HAP Business Office.

DOCUMENTATION

The **Condom Monitoring Log** (Attachment CA-4) is to be used to monitor activities at no-cost condom sites and through street outreach and other prevention activities. The **Condom Monitoring Log** must be submitted to the Regional Coordinator on a bimonthly basis regardless of ordering status.

EVALUATION

Site Observation Survey

The Regional Coordinators will conduct Business Site Observations at 10% of each CBO's condom distribution sites two (2) times per year in the months of April and September.

FEMALE CONDOM AND LUBE AVAILABILITY PROTOCOL

TARGET POPULATIONS FOR DISTRIBUTION

- People with HIV/AIDS
- Men who have sex with men
- Females at highest risk:
 - IV drug users
 - Commercial sex workers
 - Women with a repeat history of STD infection
 - Women having sex with an IV drug user(s) or a HIV positive partner(s)

ORDERING FEMALE CONDOMS AND LUBE

CBOs will be eligible to order a pre-determined limit. This limit is determined by HAP and considers the organization's current contract objectives, past use and achievement of past objectives. Orders will be placed on the **Condom Marketing Supplies Order Form** that is submitted bi-monthly to the Regional Coordinator. All orders are subject to managerial review based on availability of funding.

FEMALE CONDOM AND LUBE DISTRIBUTION

Female condoms and lube are to be distributed by the CBO only during a one-on-one interaction with an individual from the above listed target populations.

It is recommended that lube be distributed three (3) to a pack. A demonstration of how to use the female condom is required for every client who receives female condoms for the first time. Resources are available from Reality and HAP to assist in demonstrations.

Note: The HAP office will continue the distribution of female condoms, male condoms, lube and marketing supplies based on need and availability of funds.

CONDOM DISTRIBUTION SITE REGISTRATION FORM
LOUISIANA OFFICE OF PUBLIC HEALTH
HIV/AIDS PROGRAM

Date Requested: ____/____/____

Monitoring Organization Name: _____

Region: _____ Parish: _____

Contact Person: _____

Phone: _____ Fax: _____

TYPE OF ORGANIZATION/SITE: *(please check one)***Clinic Sites**

___ Alcohol and Drug Abuse Clinic
 ___ OPH Parish Health Unit
 ___ Office of Mental Health Center
 ___ Community Health Center
 ___ Private Clinic
 ___ Other Clinic
 Specify: _____

Commercial Businesses

___ Bar (Gay)
 ___ Bar (Heterosexual)
 ___ Beauty/Barber Shop
 ___ Convenience/Grocery Store
 ___ Liquor Store
 ___ Motel/Hotel
 ___ Restaurant
 ___ Other Business
 Specify: _____

Other Sites

___ CBO
 ___ Community Center
 ___ Housing Development
 ___ Jail/Prison
 ___ Other sites with high-risk behavior
 (crack house, prostitution, etc.)
 Specify: _____

SITE IS: ___ New ___ Existing (i.e., Change of Agency, Change of Contact Information)**STATUS OF PARTICIPATION:**

___ Active Date _____

___ Dropped Date _____

Important:
Incomplete or Illegible
forms will not be processed.

SITE REGISTRATION INFORMATION:**SHIPPING ADDRESS:**

(We cannot ship to P.O. Boxes)

MAILING ADDRESS:

Organization/Site: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Phone # (w/area code): _____

Parish: _____

Fax #: _____

For Office Use Only (FY '00-'01)

Date Request Received: _____

HIV Prevention Coordinator's Initials: _____

HIV Prevention Supervisor's Initials: _____

Date Received by Condom Manager: _____ Initials

Site Approved _____ Disapproved _____

Date Sent to HAP Central Office: _____

Date Entered into Database: _____ Initials

CONDOM AND MARKETING SUPPLIES ORDER FORM
LOUISIANA OFFICE OF PUBLIC HEALTH
HIV/AIDS PROGRAM

Request Date: ____/____/____ Requested By: _____
 Requestor's Address (if different from shipping address): _____

Organization/Site: _____

Address: _____

City, State, Zip Code: _____

Important:
Incomplete forms will not
be processed.

CONDOM AND LUBE ORDER: SPECIFY TYPE AND NUMBER OF CASES NEEDED. EACH CASE CONTAINS 1,000.

Lubricated Condoms: Spermicide/Lubricated Condoms: Non-Lubricated Condoms: Other:**
 ____ 5300 Multi-Colored ____ 5500 Plain ____ 5106 Kiss of Mint ____ Reality Female (**60 per case**)
 ____ 5800 Plain ____ 6000 Multi-Colored ____ 5706 Non-Lubricated ____ Lube (**1000 per case**)
 ____ 6206 Tuxedo ** Distribution subject to approval based on protocol guidelines set by HIV Prevention Manager.

OPERATION PROTECT AND CONDOM AVAILABILITY MARKETING SUPPLIES:

CBOs contracted to conduct the Condom Availability Intervention may order supplies. Orders will be filled on availability of supplies. Please indicate below the quantity of supplies requested and submit through the Regional HIV Prevention Coordinator.

Availability Supplies:

____ Small Fishbowls

____ PEP Talk Kits

____ Large Fishbowls

____ Wooden Demonstration Model

Operation Protect Marketing Supplies:

____ Operation Protect Bumper Stickers (8" x 3")

____ Operation Protect Fishbowl Stickers (5" x 5")

____ Operation Protect Small Stickers (3.5" x 1.5")

SHIPPING ADDRESS:

(We cannot ship to P.O. Boxes)

Comments:

Organization/Site: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

DHH CLINICS - SEND OR FAX ORDERS TO:

HIV/AIDS Program

Attn: Business Office - Condom Unit

234 Loyola Avenue, 5th Floor

New Orleans, LA 70112

Fax - 504-568-7044

**ALL OTHER SITES - SEND FORM TO YOUR
 REGIONAL PREVENTION COORDINATOR.**

FOR OFFICE USE ONLY (FY '00-'01):

Date Request Received: _____

Approved _____ **Disapproved** _____

HIV Prevention Coordinator's Initials: _____

CBO Monitoring Logs Attached: Yes ____ **No** ____

HIV Prevention Supervisor's Initials: _____

Date Sent to HAP Central Office: _____

____ **Vendor Direct Ship**

Central Office Distribution:

____ **Distributor**

____ **Public**

Distribution (Circle One):

SHIPPED

PICKED-UP

DELIVERED

Order Released By: _____

Signature: _____

Courier (Print Name): _____

Signature: _____

Date Received by Condom Manager: ____ **Initials** **Date Processed for Ordering:** ____ **Initials**

Date Sent for Payment: ____ **Initials**

CONDOM RECEIPT VERIFICATION**IMPORTANT: For your order to be complete, this form must be completed or the proper packing slips attached.**

Date Received	#5106	#5300	#5500	#5706	#5800	#6000	#6206	Female	Other	Where Condoms Were Obtained Specify Vendor (Ansell, Female Health, etc.)
TOTAL										

Signature of Receipt: _____

Print Name: _____

Organization/Site: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

FAX THIS FORM ASAP TO:
HIV/AIDS Program
Attn: Condom Unit
Fax: 504-568-7044

CBO AND REGIONAL HAP OFFICE MONTHLY CONDOM MONITORING LOG

Distributor: _____

Region: _____

Month: _____

#5106 - Kiss of Mint
 #5300 - Lifestyles multi-colored, lubricated
 #5500 - Lifestyles plain colored, lubricated & spermicide
 #5706 - Lifestyles non-lubricated
 #5800 - Lifestyles plain colored, lubricated
 #6000 - Lifestyles multi-colored, lubricated & spermicide
 #6206 - Lifestyles Tuxedo black colored, lubricated
 Female (FC) - Reality female condoms
 EM - Education Materials
 SS Kit - Safer Sex Kits

Date Received	#5106	#5300	#5500	#5706	#5800	#6000	#6206	Female	Lube	Other	Where Condoms Were Obtained (Record by Number, NOT Cases.) Specify (Ansell, HAP, Prev. Coord., Clinic Name, Other CBO)
TOTAL											

Date Distributed/ Contacted	Location of Sites (List Name of Site or Prevention Activity)	Location	Indicate Quantity of Condoms Distributed by Condom Type. (Record Quantity by Number Distributed, NOT Cases.)										
			#5106	#5300	#5500	#5706	#5800	#6000	#6206	FC	Lube	EM	SS Ki
	Street Outreach Total												
	Venue-Based Outreach Total												
	Counseling and Testing												
	Popular Opinion Leader												
	Public Distribution Total												
	Special Event												
TOTAL													

Quick Instructions - Include ALL Condoms That You Received and Distributed. Maintain Logs by Intervention Type. Submit to HAP Coordinator with Condom Order Forms AND Quarterly Reports

HIV PREVENTION COUNSELING, TESTING, REFERRAL AND PARTNER COUNSELING AND REFERRAL (HIV CTRPC/R)

DESCRIPTION

This intervention is defined as one-on-one, client-centered risk reduction counseling (both pre-test and post-test) with persons at high risk for HIV infection to decrease sexual and needle sharing risk behaviors. It is accompanied by HIV antibody testing to determine an individual's HIV serostatus. The standards for this counseling are based on the CDC Prevention Counseling model, which empowers the clients to assess their own risk behaviors and develop a realistic and incremental plan for behavior change.

KEY ELEMENTS

- a) HIV Prevention Counseling is to be conducted in accordance with the State of Louisiana HIV Counseling, Testing and Referral Guidelines and other related policies. A summary of these guidelines is provided. A primary goal of client-centered counseling is harm/risk reduction. Harm/risk reduction is brought about through an in-depth, personalized risk assessment and negotiation of a harm/risk reduction step that is concrete, acceptable and achievable. Information giving is an adjunct to prevention counseling and can be accomplished with small media tools, such as pamphlets, posters and audiovisual messages. Additionally, counselors are required to provide harm/risk reduction tools such as condoms and lubrication based on the client's identified needs.
- b) Mobile or fixed site testing events must target populations at high risk for HIV as outlined in the Louisiana Statewide HIV Prevention Plan. Fixed testing site events are conducted within the organization's facility. Mobile testing site events occur outside of the organization's facility. The number of testing events conducted per month is determined based on the needs of the target population(s), the CBO's contract objectives and collaboration with HAP and other funded organizations in the region. A complete counseling session includes pre-test and post-test activities.
- c) CBOs under contract with HAP for HIV prevention are expected to establish testing sites in areas that have been identified in the Regional HIV Prevention Implementation Plan **and** maintain test sites that yield a two percent (2%) positivity. The percent positivity is defined as the total number of positive HIV tests, divided by the total number of tests conducted by the agency and multiplied by one hundred. Testing sites must meet all client confidentiality standards outlined in the HIV/AIDS Program Counseling and Testing Confidentiality Policy found in this section.
- d) CBOs contracted to conduct HIV CTRPC/R must register both fixed and mobile sites through the Regional Coordinator using the Site Registration Form. **All sites must be approved by HAP prior to the start of HIV CTRPC/R activities.** HAP will assign a site number and site type number for each approved site. CBOs must keep site numbers and site type numbers on file and record each number appropriately on every LAB 100 form submitted for test processing. Please allow two (2) weeks to process the Site Registration Form.

- e) Anonymous or confidential HIV antibody testing may be provided to clients as an adjunct to HIV Prevention Counseling. Anonymous testing involves the use of no personal identifiers (last name, first name, social security number) that would link an individual to his/her laboratory result. Confidential testing indicates that a client is willing to provide information (last name, etc.) that can be used to link the individual to his/her laboratory result or medical record. Confidential testing is strongly encouraged to facilitate the entry into follow-up medical services for individuals who have been identified as HIV infected. Every site is required to offer anonymous testing as an option to clients.
- f) State law requires that “Informed Consent” for HIV testing be obtained prior to clients receiving HIV testing. It is recommended that clients testing anonymously write the LAB 100 number on the bottom of the Informed Consent Form. Clients tested confidentially are required to sign their name. CBOs may use the state’s **Informed Consent Form** or create one of their own which is consistent with state law. Disclosure of HIV test results is strictly governed by the State of Louisiana as noted on the reverse side of the consent form.
- g) CBOs contracted to conduct HIV Prevention Counseling and HIV-1 antibody testing will be using OraSure, oral fluid collection devices, which are supplied by HAP. CBOs are not provided additional funding for phlebotomy services or supplies. Directions for ordering supplies and mailing canisters are detailed later in this section.
- h) Pre and post-test counseling counts as one session. If a client decides not to test at the time of a pre-test session, the counselor can document the session and count it toward contract objectives. It is recommended that HIV CTRPC/R sites post-test counsel 100% of clients identified as HIV infected; the minimum expectation is that 75% of HIV infected clients will receive post-test counseling. Post-test counseling is indicated upon the receipt of the **HIV Post-test Counseling Report Form** by HAP. Sites must submit the **HIV Post-test Counseling Report Form** in order to document post-test counseling.
- i) All counselors are required to document referrals for medical, psychosocial and case management services during post-test counseling of clients identified as HIV infected. Referrals for other services that could aid in a client’s successful behavior change should also be provided and documented during pre-test counseling sessions.
- j) All counselors are required to discuss and document partner notification options during post-test counseling of a client identified as HIV infected. Clients are to be informed of the importance of contacting sex and/or needle sharing partners. A plan for partner counseling must be developed and documented on the Post-test Counseling Report Form. Specifically, clients may select to inform their partners, they may be referred to their Regional STD Program staff or they may utilize a combination of the two. A discussion of partner counseling should be provided in pre-test counseling.
- k) **Due to limited resources, HIV counseling and testing is reserved for the highest risk areas as defined in the Regional HIV Prevention Plan. CBO testing is not allowed at jails, prisons, hospitals, federally funded clinics and DHH sites.**
- l) In keeping with the HIV CTPRC/R guidelines, the activities outlined for the intervention are not appropriate to combine with outreach activities.

DOCUMENTATION

- a) Prior to the start of any CTRPC/R activity at either a new fixed or new mobile site, a **Site Registration Form** must be completed and approved by the Regional Coordinator. Only one form needs to be submitted for each site.
- b) Site numbers and site type numbers for each testing site must be documented on each LAB 100 form. The address of the CBO conducting the testing must be recorded on each LAB 100 form so results can be returned to the appropriate location.
- c) The OPH LAB 100 Form must be completed and submitted with each specimen requiring analysis for HIV-antibody testing. Risk Reduction Plans are to be documented on the back of the yellow copy of the LAB 100 Form. **Blue post-test forms must be detached before mailing the lab form to insure accurate documentation of post-test counseling sessions.** Instructions for completing the LAB 100 Form are provided in this section.
- d) Agencies conducting CTRPC/R activities must submit the blue card entitled HIV Counseling and Testing Post-test Counseling Report Form from the Lab 100 Form to the HIV/AIDS Program for post-test counseling to be counted and credited to the agency. (Send to the attention of HIV Counseling and Testing Data Manager, 234 Loyola Avenue, 5th Floor, New Orleans, LA 70112.) All blue cards for negative test results are required to be mailed after one year has passed since the test was processed. Testing sites are required to maintain records and keep post-test forms for all positive results until the client returns for his/her results.
- e) All counselors must sign a confidentiality form, a sample of which is found later in this section. Forms are required to be kept in staff/volunteer files. Agencies conducting CTRPC/R activities must have written confidentiality and crisis referral policies in keeping with applicable laws.
- f) All counselors must have a certificate of participation and certificate of training completion of a CDC-based HIV Prevention Counseling Training. Copies of the certificates are required to be kept in staff/volunteer files.
- g) Agencies conducting CTRPC/R activities must have a written protocol for obtaining and maintaining informed consent forms.

PERSONNEL

- a) All staff and volunteer counselors are required to be certified by HAP prior to conducting HIV CTRPC/R activities. Certification is obtained by attending a CDC-based, two-day HIV Prevention Counseling Training and submitting a favorable peer evaluation to the HAP Training Coordinator. These trainings are offered throughout the state several times a year. Prior to attending the self-study HIV Prevention Counseling Training, participants should complete the AIDS 101 guide. Training for staff and volunteers is required every three (3) years.
- b) All counselors are required to sign a Confidentiality Statement, which must be on file at the agency.

- c) Counselors are required to be skilled in client-centered counseling. Additionally, counselors must be knowledgeable of a wide variety of harm/risk reduction activities and be comfortable demonstrating harm/risk reduction skills such as providing condom demonstrations. CBOs funded to conduct this intervention are responsible for screening potential counselors, submitting peer evaluations to the HAP Training Coordinator for certification and reinforcing skills and knowledge with internal training activities.
- d) Internal monitoring of the quality of counseling for individuals involved in HIV CTRPC/R activities can be conducted using the HIV Counselor's Skill Inventory (CSKI) Form. Paid staff and volunteers should be observed once per year by the staff person supervising the intervention. HIV/STD CSKI Forms or other documentation of quality assurance are required to be placed on file and are subject to review during HAP technical assistance visits.

EVALUATION

LAB 100 Form

Client data is collected on the LAB 100 Form, which is comprised of three main components.

- 1) HIV Laboratory Request and Report Form to accompany a specimen (oral fluid or blood) for laboratory analysis at the State Laboratory;
- 2) HIV Post-test Counseling Report Form to be submitted to HAP following post-test counseling; and
- 3) Referral Cards to be provided to the client. Referral cards are to be used:
 - a) To set up post-test counseling appointments;
 - b) For seropositive clients seeking additional medical follow-up; and
 - c) For other referrals (STD, drug treatment services, etc.) at any time during the counseling interaction.

HIV Counseling and Testing Quarterly Summary Statistics

Summary Statistics, derived from LAB 100 Forms, will be compiled by HAP and distributed to CTRPC/R sites on a quarterly basis. Statistics should be reviewed by CBO staff for consistency with the State HIV Prevention Plan for target populations and CTRPC/R contract objectives. HAP staff will provide feedback to sites on CTRPC/R statistics.

External monitoring of CBO CTRPC/R staff and volunteers using the HIV/STD CSKI will be conducted by HAP staff as a part of the annual site visit and/or technical assistance site visits.

**HIV/AIDS PROGRAM
HIV COUNSELING AND TESTING
CONFIDENTIALITY POLICY**

Confidential and anonymous HIV counseling and testing is provided through selected publicly funded agencies/organizations throughout the state in accordance with the State of Louisiana HIV Counseling and Testing Guidelines. In order for staff to adequately address the needs of clients seeking HIV counseling and testing services, it is likely that personal information regarding the client will be revealed. Examples of such information include sexual and drug behavior, sexual orientation, medical condition and treatment and relations with family members. In many cases, this information is also documented on the LAB 100 Form - HIV Laboratory Request and Report Form. Due to the confidential nature of this information, the following procedures must be strictly adhered to:

1. Sites providing HIV counseling and testing are required to provide a private, confidential setting for HIV prevention counseling (pre- and post-test) to occur. Crucial elements of a confidential setting include:
 - Ample space for a private conversation to occur.
 - Secluded area for counseling session.
 - Support from site staff to respect privacy of clients.
2. Staff/volunteers conducting HIV prevention counseling are required to be trained and certified in HIV Prevention Counseling and must have a signed confidentiality agreement (see Attachment CT-1) on file. Staff/volunteers are advised to refrain from discussing specific HIV counseling and testing sessions with other staff/volunteers.
3. Staff/volunteers are required to obtain written informed consent from individuals seeking HIV counseling and testing in accordance with Louisiana Legislative Act 1054.
4. LAB 100 Form – HIV Laboratory Request and Report Forms and Informed Consent forms are to be handled only by authorized personnel or volunteers. These forms are required to be maintained in a locked file cabinet. No forms should be left unattended.
5. The destruction of the LAB 100 Form – HIV Laboratory Request and Report Forms and Informed Consent forms are to occur by shredding ONLY. Confidential LAB 100 forms, HIV Laboratory Request and Report Forms and Informed Consent forms are to be maintained for seven (7) years or for as long as the medical record is maintained. Anonymous LAB 100 forms-HIV Laboratory Request and Report Forms and Informed Consent forms are to be held for three (3) years and then destroyed.
6. LAB 100 Form-HIV Laboratory Request and Report Forms must not be handled by fax machine in order to ensure confidentiality.

7. Official testing site staff may contact HAP's Counseling and Testing Section to obtain laboratory results. The staff person will be asked his/her name, agency, worker number and agency phone number as well as the date of visit and LAB 100 number. Under no circumstances shall HIV laboratory results be provided to a caller who gives only the name of the individual tested. HAP will only provide results two (2) weeks after the date that the specimen was originally collected, unless in the event of an emergency.

HIV COUNSELING AND TESTING SUPPLIES

CBOs contracted to conduct HIV counseling and testing may order supplies (except for mailing canisters; see note below) directly from the HIV/AIDS Program using the HIV Prevention Counseling and Testing Supply Order Form (Attachment CT-7). Orders will be filled based on availability and past HIV testing statistics.

Please allow a minimum of two (2) weeks for delivery of supplies.

LIST OF SUPPLIES:

DESCRIPTION OF HAP SUPPLIES:

Oral Fluid Collection Devices

LAB 100 Forms

Unit of Issue

Box - 50 devices/box

Packet - 25 forms/packet

DESCRIPTION OF PHARMACEUTICAL SUPPLIES:

Site must be pre-approved to conduct blood testing to order the following supplies.

	<u>Item Code</u>	<u>Unit of Issue</u>
Band-Aids	205-219	Box - 100/box
Cotton Balls	205-442	Box - 300/bag
Gloves, Latex, Exam, Large, Non-Sterile	205-463	Box - 50/pair
Gloves, Latex, Exam, Large, Powder/Free	205-508	Box - 25/pair
Gloves, Latex, Exam, Medium, Non-Sterile	205-462	Box - 50/pair
Gloves, Latex, Exam, Medium, Powder/Free	205-507	Box - 25/pair
Gloves, Latex, Exam, Small, Non-Sterile	205-461	Box - 50/pair
Gloves, Latex, Exam, Small, Powder/Free	205-506	Box - 25/pair
Needle Bank for vacutainer disposal	205-476	Each
Needle Boxes, 2 gal puncture proof	205-328	Each
Needle Container, Small, for fieldwork	205-350	Each
Povidine-Iodine Swabs	205-290	Box - 100/box
Sponge, Gauze, 2" x 2"	205-221	Box - 50/box
Swab, Alcohol	205-222	Box - 200/box
Vacutainer Blood Collection Sets, 23G x 3/4"	205-468	Case-200/case
Vacutainer Needle Holder	205-377	Box - 100/box
Vacutainer Needle Multi-Sample, 21G x 1 ½	205-032	Box - 100/box
Vacutainer Needle Multi-Sample, 21G x 1"	205-449	Box - 100/box
Vacutainer Needle, Multi-Sample, 22G x 1"	205-223	Box - 100/box
Vacutainer, Serum Separator Tubes	205-509	Box - 100/box

NOTE: Laboratory mailing canisters for oral fluid specimens may be obtained by faxing Wayne Dupre at 504-568-5393 with the agency's name, contact person, mailing address and number of canisters requested. Mailing canisters are not obtained from the HAP Office. All oral fluid specimens are processed in the State Laboratory in New Orleans.

PARTNER COUNSELING AND REFERRAL GUIDELINES FOR COMMUNITY BASED ORGANIZATIONS

Louisiana Sanitary Code Provisions for Partner Counseling and Referral - “The State Health Officer shall make a good faith effort to notify individuals who are spouses or sexual contacts of persons with human immunodeficiency virus (HIV) infection of their exposure, offer them counseling about their risk of infection and offer them testing for HIV infection. In performing this activity, the State Health Officer or his/her designee shall initially contact the medical provider of the case of known infection, if a medical provider can be identified, and ask if the infected person or the medical provider intends to conduct this notification. If neither the infected person nor the medical provider intends to notify spouses or sexual partners of the exposure, the State Health Officer or his/her designee shall attempt to interview the infected person directly to identify these partners, notify the partners and offer them HIV testing. Notification of partners will be conducted in such a manner as to maintain the confidentiality of the infected person.”

INTRODUCTION

Partner counseling services are a crucial element of the seropositive counseling session. For people who have recently been informed that they are HIV positive, telling sex and/or needle sharing partners that they may have been exposed to the virus can be an extremely difficult and emotional process. It is the counselor's responsibility to provide the infected client with information, support, coaching and assistance (as discussed in the HIV prevention counseling training). The counselor should work in cooperation with the client to ensure that any partner(s) who may have been exposed to HIV are informed. By presenting the infected person with options for ways to notify partners, clearly explaining each option and assisting to develop a plan to address each individual situation, the infected person will be equipped to handle this issue in a productive manner. Partner notification services should be available for individuals testing CONFIDENTIALLY as well as ANONYMOUSLY.

CONFIDENTIALITY

Executive Directors are responsible for ensuring that all staff participating in partner notification activities have read and signed (signatures indicate their understanding of the contents of the document) an employee confidentiality agreement form.

The agency must stress that at no time will personnel discuss patient/client information with any person(s) not professionally associated with the patient's/client's care. HIV information must be communicated to patients/clients in person, not by phone or mail. Staff must be conscious of discussing patient/client information within earshot of persons not professionally associated with the patient's/client's care.

The options to notify partners:

- Patient/Client Referral - The infected client/patient will be responsible for notifying his/her partner(s).
- Provider Referral - The medical provider/CBO will be responsible for notifying the partner(s) of the infected person.
- STD Program Referral - The STD Program staff will be responsible for notifying the partner(s) of the infected person.

Patient/Client Referral - The client decides to take responsibility for notifying one or more of his/her partners. While this referral method does not directly involve the counselor, it is the counselor's responsibility to coach the client. The counselor should utilize the "role-play" technique (demonstrated during the HIV Prevention Counseling training), as well as a discussion of the advantages and disadvantages of patient referral, to ensure that the patient/client has reflected thoroughly on what telling his/her partner(s) will entail.

Provider Referral (CBOs are providers) - The site providing the HIV test assists the client in notifying partners of the infected patient/client. The provider makes arrangements with the infected person to have the partner come to the testing facility for prevention counseling. In many cases, the provider may allow the infected person to disclose his/her seropositive status and then have the provider conduct HIV Prevention Counseling (the infected person should not remain in the pre-counseling session with the partner).

NOTE - It is not recommended that CBOs conduct partner counseling outside of their designated testing facilities.

STD Program Referral - In instances where provider referral or patient referral may not be appropriate, the STD Program is available to provide partner notification services. The STD Program will take responsibility for conducting confidential seropositive follow-up counseling sessions to identify sex and needle sharing partners, locating and conducting HIV prevention counseling for partners and offering testing. Infected persons tested anonymously may remain anonymous when counseled by the STD Program. Prior to participating in this activity, CBOs should take steps to assure that the patient/client is not deterred from participating in the partner notification process by the difficulty of the process. Community based organizations should arrange to meet with the STD Regional Manager to discuss how to best refer HIV positive persons to the STD program for partner notification services.

NOTE - The STD Program's Disease Intervention Specialists are currently responsible for contacting all physicians and testing facilities for all new HIV infections and AIDS diagnosed cases to determine who will be responsible for providing partner notification services.

State of Louisiana HIV Counseling, Testing and Referral Guidelines

Only trained HIV counseling and testing counselors can participate in CT activities. Counselors (staff and volunteers) must have a copy of a certificate on file.

- 1) Counselor Training Requirements
 - All CBO staff and volunteers must complete the CDC HIV Prevention Counseling Training before becoming active HIV prevention counselors.
 - Only HAP approved trainers can conduct CDC HIV Prevention Counseling Trainings. All trainings must be approved by the HAP Training Coordinator for certificates to be issued. There must be a minimum of six (6) persons in the training for participants to receive a certificate of training.
 - Beginning in 2001, potential counselors will be required to participate in peer evaluation after participating in a HAP approved training. After the potential counselor is evaluated favorably by the testing site supervisor and approved by HAP, the individual will be deemed a Certified HIV Counselor by HAP and an additional certificate will be issued. All peer evaluations must be submitted to the HAP Training Coordinator by fax at 337-262-5237.
- 2) HIV Counseling and Testing Session Requirements

PRE-TEST

- Assist the client in clarifying his/her self-perception of risk for acquiring or transmitting HIV.
- Facilitate the development of a personalized plan for the client to reduce future risk of HIV infection/transmission (Risk Reduction Plan).
- Obtain Informed Consent.
- Provide referrals and set up follow-up appointment.
- Complete the LAB 100, including the risk-reduction plan on the back of the yellow form.
- Remove the blue post-test counseling card and place in the client's folder.
- Collect blood/oral fluid specimen.
- Provide condoms, other harm/risk reduction tools and appropriate literature.

POST-TEST

Negative

- Provide client with results.
- Review with the client his/her risk assessment and risk reduction plan. Discuss plans for staying negative.
- Assess need to retest.
- Assess the client's need for other referrals.
- Complete the blue Post-test Counseling Report Form and mail to HAP.
- Provide condoms, other harm/risk reduction tools and appropriate literature.

Indeterminate

- Provide client with results and explain possible causes for result. The client should not be told that he or she is HIV infected.
- Assess client concerns.
- Establish plans for follow-up testing.

- Review the client's risk assessment and risk reduction plan. Emphasize the need to take same risk reduction precautions as a person testing HIV positive.
- Complete the Post-test Counseling Report Form.
- Provide condoms, other harm/risk reduction tools and appropriate literature.

Positive

- Provide client with results and allow time for an emotional response.
- Ensure client understands what test result means.
- Make client aware of need for medical evaluation and the availability of treatment.
- Reassess the client's risk for transmitting HIV infection to others. Discuss partner counseling options and discuss the client's plan to inform his/her partners.
- Discuss client's plans to stay healthy, to protect self and others.
- Assist client in identifying necessary referrals. Make appropriate referrals and set appointments.
- Advise client to refrain from donating blood, plasma and organs.
- Complete the Post-test Counseling Report Form and mail to HAP.
- Provide condoms and appropriate literature.

All Results

- Mail in completed Post-test Counseling Report Form on a weekly basis.

Note - The complete State of Louisiana Guidelines for HIV Counseling, Testing and Referral Service and Act 1054, guidelines for HIV testing consent agreement, may be requested from the Regional Coordinator.

INFORMED CONSENT AND AGREEMENT TO HIV TESTING

With my signature below, I acknowledge that I have read (or have had read to me) and understand the following information:

FACTS ABOUT HIV TESTING (HIV-1 ANTIBODY OR OTHER HIV TESTS):

I HAVE BEEN TOLD THAT: (1) My blood/oral fluid will be tested for signs of an infection by the Human Immunodeficiency Virus (HIV), the virus that causes AIDS; (2) My consent to have my blood/oral fluid tested for HIV infection will be FREELY given; (3) I understand that the results of this test are confidential and will not be released to anyone who would not legally have access to my medical records except by my signed consent or as otherwise allowed by law (see reverse) but that confidentiality cannot be guaranteed; (4) HIV test results will be released along with my medical records unless I specifically indicate my refusal to release HIV test results when signing a release for my medical records. This refusal would only apply to the release of the actual laboratory slip in the medical record and not to other notations made by health professionals in my record; (5) If I wish to be tested anonymously, my health care provider will provide me with a referral, unless I am an inpatient in a hospital. He/she can call the Louisiana AIDS Hotline at 1-800-99AIDS9 or the local parish health unit to find out where I can be tested anonymously.

WHAT A REACTIVE (POSITIVE) TEST MEANS:

- A. A reactive HIV test means that I have the HIV infection and can spread the virus to others by having sex, sharing needles in drug use or from a mother to her child during pregnancy or breastfeeding.
- B. A reactive test DOES NOT mean that I have AIDS - other tests are needed.
- C. If my test result is reactive, I may experience emotional discomfort. If my test result becomes known in the community, I may experience discrimination in work and personal relationships.

WHAT A NON-REACTIVE (NEGATIVE) RESULT MEANS:

- A. In most instances, a NON-REACTIVE test means that a person is not infected.
- B. However, it can take three to six (3-6) months (or longer) for the HIV Antibody test to become reactive AFTER infection.
- C. Although I have a non-reactive test now, I can still become infected by having unprotected sex or by sharing needles in drug use.

WHAT SHOULD BE DONE IF MY TEST IS REACTIVE (POSITIVE)?

- A. I should seek medical care, as monitoring and treatment of the HIV infection may improve my quality of life and lead to a longer life.
- B. I will be told how to keep from spreading the HIV infection by: (1) Avoiding sexual intercourse, or practicing SAFER sex; (2) Not sharing drug needles - better still, getting off drugs; (3) Not donating or selling my blood, plasma, organs or sperm; and (4) Not breastfeeding or donating my breast milk.
- C. If this test is positive, my name will be reported to the Office of Public Health to assist me in obtaining services and to help the health department understand and control the HIV/AIDS epidemic.
- D. I know that the Office of Public Health or my doctor may assist me in notifying and referring my partners for medical services, without giving my name to my partners. I may be contacted to provide information about my partners.
- E. If I refuse to notify my partner(s), my doctor may either notify them or have the Office of Public Health do so. In this case, my name will not be used.

I have had a chance to have my questions about this test answered.

I hereby agree to have my blood/oral fluid collected for the HIV antibody (or _____) test.
(specify)

Signature Date Signature of Provider

Reverse Side of Consent Form

Louisiana law authorizes disclosure of HIV test results without the consent of the person tested as follows:

1. To any person to whom disclosure of medical information is authorized by law without the consent of the patient.
2. To a health care facility/provider which: a) is permitted access to medical records; b) is authorized to obtain HIV test results; or c) maintains or processes medical records for billing or reimbursement purposes.
3. To a health care facility/provider when knowledge of HIV test results is necessary to provide appropriate care or treatment and afford the provider an opportunity to protect themselves from transmission of the virus.
4. To a health care facility/provider in relation to use of body parts for medical education, research, therapy or transplantation.
5. To a health care facility staff committee, accreditation or oversight review organization authorized to access medical records.
6. To a federal, state, parish or local health officer when the disclosure is mandated by federal or state law.
7. To an agency or individual in connection with the foster care programs of the Department of Social Services or to an agency or individual in connection with the adoption of a child.
8. To any person to whom disclosure is ordered by a court of competent jurisdiction.
9. To an employee or agent of the Board of Parole of the Department of Public Safety and Corrections (or of its Office of Parole) to the extent the employee or agent is authorized to access records containing HIV test results.
10. To a medical director of a local corrections institution to the extent he/she is authorized to access records containing HIV test results.
11. To an employee or authorized agent of the Department of Social Services, Office of Rehabilitative Services.
12. To an insurer, insurance administrator, self-insured employer, self-insurance trust or other person or entity responsible for paying or determining payment for medical services to the extent necessary to secure payment for those services.

-WHAT YOU NEED TO KNOW ABOUT HIV INFECTION AND DISCRIMINATION-

Federal law prohibits discrimination against HIV infected persons in the rental or purchase of housing. Federal and state laws also prohibit discrimination against persons with HIV with regards to employment.

If you feel that you have been discriminated against, you may contact AIDSLaw of Louisiana, Inc., at 800-375-5035 or 504-568-1631 (in New Orleans) or write to them at P.O. Box 30203, New Orleans, LA 70190. You should know that AIDSLaw of Louisiana has been organized to meet the legal needs of individuals infected with HIV or diagnosed with AIDS. You may also contact the Office of Civil Rights directly by calling the U.S. Department of Health and Human Services, Office of Civil Rights, in Dallas, Texas at 214-767-4056.

ORAL FLUID HIV-ANTIBODY TESTING

Purpose - To expand HIV antibody testing capabilities to individuals at high risk for acquiring or transmitting HIV using fixed or mobile site settings.

Introduction - The diagnosis of Human Immunodeficiency Virus Type 1 (HIV-1) infection is usually done by such methods as enzyme-linked immunosorbent assay (EIA) and Western blot (Wb), which detect specific blood or serum antibodies against viral proteins.

Approved by the Food and Drug Administration in June of 1996, OraSure is an oral fluid collection device used to collect specimens for EIA and Wb HIV antibody testing. An oral fluid sample, specifically mucosal transudate, is collected by gently rubbing the tissue of the cheek and gum with the OraSure device. Mucosal transudate contains Immune Gamma Globulins (IgG), the antibody used to detect HIV. Evidence to support FDA approval for OraSure as a diagnostic tool for HIV infection showed that OraSure was able to provide the correct result or appropriate follow-up to 99.97% of 3,570 people enrolled in the clinical trial.

The advantages to using OraSure collection devices are as follows:

1. Greater safety in specimen collection and handling;
2. Improved accessibility for those clients who are not able or willing to give a blood specimen using needles;
3. Reduced training and insurance required for individuals collecting specimens;
4. Increased ability to be used for mobile HIV counseling and testing activities in high-risk settings targeted by street outreach teams. Food, smoking, alcohol and oral pathologies/conditions (false teeth, multiple cavities and gingivitis) have been shown not to interfere with results.

OraSure collection devices will be used during HIV counseling and testing activities conducted by community based organization (CBO) volunteers and staff, statewide.

PROTOCOL FOR USING ORAL FLUID HIV-ANTIBODY TESTING

A. Methods for Using Oral Fluid Testing

CBOs are to conduct HIV-1 Antibody Testing using OraSure devices in lieu of traditional blood draws. To do so, all HIV counseling and testing sites are required to:

1. Provide training for all staff and volunteers to use OraSure by:
 - Viewing the Epitope/Smith Kline Beecham training video “how-to” instructions for OraSure* or receiving training using the “How to Use OraSure” guidelines.
 - Practicing use of the device.
 - Documenting training with dates and names of those in attendance and submitting this information to your Regional Coordinator.

*OraSure training videos are available through the HAP Resource Library.

2. Assuring that all sites have been registered with OPH HIV Counseling and Testing Program following correct procedures (see Site Registration and LAB 100 Form guidelines).

B. Methods for Using Oral Fluid Testing in a Mobile Site Setting -

CBOs interested in conducting HIV-1 Antibody Testing using OraSure devices in existing or new mobile HIV counseling and testing sites are to:

1. Provide training for all staff anticipated to be involved in using OraSure.
2. Determine if the proposed CT site targets individuals who engage in high-risk behavior. If the mobile HIV counseling and testing site currently provides testing, is the percent positivity at two (2) percent? If it is a newly proposed site, assess if the site is frequented by individuals who are identified as the target population outlined in the State and Regional Planning Community Plans. Assess the time of day that high-risk individuals are in the area.
3. Assure that the proposed site has been registered with the OPH HIV Counseling and Testing Program (see Site Registration and LAB 100 Form guidelines).
4. Develop a plan for HIV CT:
 - Determine the date and time of day most suitable to reach an adequate number of individuals who engage in high-risk behaviors. OraSure testing must not be offered to contacts during regular street outreach.
 - Identify a confidential location for counseling to occur.
 - Determine the strategy for post-test counseling (i.e., when, where, how will this develop, fliers, poster to advertise the event).
5. Conduct standard mobile CT promotion with the exact time and location (e.g., fliers and outreach cards distributed during street outreach, announcements by DJs at bars, posters, etc.) two weeks prior to the mobile testing event.
6. Prepare the following materials and supplies:
 - Table
 - Chairs
 - Time clock with minutes
 - Instructions on how to conduct OraSure testing
 - Privacy screens
 - OraSure devices
 - LAB 100 forms
 - Condoms/dental dams
 - Appropriate literature
7. Set up the site 45 minutes prior to scheduled CT activity if an agency has to set up a structure (e.g., tent) and 15 minutes prior if no setup is required.

8. Conduct standard HIV risk reduction counseling sessions as outlined in the State HIV Counseling, Testing and Referral Guidelines. Provide client information on returning for results (see step 4). Clients should be instructed that results will take a minimum of two weeks to return. Complete the LAB 100 forms.
Note - type of specimen area should be marked Oral Fluid.
9. Collect the oral fluid specimen using the OraSure device in accordance with the how-to instructions.

Procedures for submitting samples for analysis -

Specimen vials should be labeled with LAB 100 bar-coded label by wrapping the label around the upper portion of the vial, just below the cap. Specimens are to be shipped using the pre-packaged mailing labels for the State Laboratory in New Orleans to be provided by OPH.

Note - specimens are stable at room temperature (39°F to 98°F) for twenty-one (21) days. Results should be returned within fourteen (14) working days from the time they are submitted.

Procedures for post-test counseling -

Interpretation of Results

Clients should be counseled on laboratory results in accordance with the State HIV Counseling, Testing and Referral Guidelines when using either oral fluid specimens or blood specimens.

- If an OraSure specimen is negative as reported in the Laboratory Report Section of the LAB 100, the client should be counseled as HIV negative according to state guidelines.
- If an OraSure specimen is positive as reported in the Laboratory Section of the LAB 100, the client is considered positive or HIV infected. For a positive laboratory result, the specimen was repeatedly reactive on EIA testing and reactive on the confirmatory Western blot (Wb).

Clients identified as HIV infected should have a repeat test for HIV antibodies at a confidential test location. It is also recommended that HIV testing be conducted using a blood specimen.

Proceed with the State HIV Counseling, Testing and Referral Guidelines for HIV Positive Results.

If the Wb is indeterminate, the result will be reported as such and it is recommended that a plan for follow-up testing be established in accordance with the State HIV Counseling, Testing and Referral Guidelines for HIV inconclusive or indeterminate results.

Handling laboratory results -

Procedures to handle laboratory results should be consistent with CBO protocols for blood HIV laboratory results. CBOs will receive Quarterly Summary Statistics on OraSure HIV CT activities with their Quarterly Summary Statistics.

Any questions or comments regarding this protocol should be submitted to the Regional Coordinator.

HIV Prevention Counseling & Testing (CT) Site Registration Form Guidelines

All sites, whether fixed or mobile, must be registered with HAP. When CBOs conduct CT, they must indicate the site number and site type on the LAB 100 forms. The following chart lists the definitions, site numbers and site type numbers for both types of sites.

Type	Definition	Site Number	Site Type #
Fixed	The site where the organization is housed.	Assigned by HAP & unique to each site. (See fixed site registration procedure below.)	01
Mobile	A site that is outside of a CBO's office.	Use site number of CBO's office. (See note below.)	10

The site registration procedure differs for the two types of sites:

Fixed Site Registration Procedure

1. CBO submits the **Site Registration Form** to the Regional Coordinator.
2. Regional Coordinator reviews the form to check if the site is consistent with the region's HIV Prevention Implementation Plan and does not interfere with another CBO's objectives.
3. Regional Coordinator submits the form to HAP's HIV Counseling and Testing Data Manager.
4. HAP's Counseling and Testing Data Manager assigns the site a number, notes the number on the form and returns it to the Regional Coordinator.
5. Regional Coordinator forwards a copy of the completed form to the CBO and to his/her supervisor.
6. Coordinator Supervisor files a copy of the **Site Registration Form** in the CBO's binder at his/her office.

Mobile Site Registration Procedure

1. CBO submits the **Site Registration Form** to the Regional Coordinator.
2. Regional Coordinator reviews the form to check if the site is consistent with the region's HIV Prevention Implementation Plan and does not interfere with another CBO's objectives.
3. Regional Coordinator completes the form by filling in "10" under site type and the site number of the CBO's office (see note).
4. Regional Coordinator forwards a copy of the completed form to the CBO and to his/her supervisor.
5. Coordinator Supervisor files a copy of the **Site Registration Form** in the CBO's binder at his/her office.

Note - Mobile sites must be in a private setting with no traffic in and out of the area while the CT session is conducted. Most CBOs have already been assigned site numbers for their offices. If a CBO needs a site number for its office, it should follow the fixed site registration procedure.

SITE REGISTRATION FORM

CBO Name: _____ Date: _____

Contact Person: _____

Phone: _____ Fax: _____

Type of Intervention (check the intervention that you are registering a site for):

- | | | |
|---|---|---|
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Small Group Sessions |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Venue Based Outreach | |

Populations Targeted (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Racial & Ethnic Minorities | <input type="checkbox"/> Sexually Active Females | <input type="checkbox"/> Substance Users |
| <input type="checkbox"/> Youth at High Risk | <input type="checkbox"/> Males Who Have Sex With Males | |

Type of Intervention Site/Organization (please check one):**Clinic Sites**

- ☐ Alcohol & Drug Abuse Clinic
☐ Parish Health Unit
☐ Mental Health Center
☐ Community Health Center
☐ Private Clinic
☐ Other Clinic

Specify: _____

Commercial Businesses

- ☐ Bar (Gay)
☐ Bar (Heterosexual)
☐ Beauty/Barber Shop
☐ Convenience/Grocery
☐ Liquor Store
☐ Motel/Hotel
☐ Restaurant
☐ Other Business

Specify: _____

Other Sites

- ☐ CBO
☐ Community Center
☐ Housing Development
☐ Jail/Prison
☐ School
☐ Other sites with high risk behavior (crack house, PSE, etc.)

Specify: _____

Site Registration Information (please fill out all applicable information):

Organization/Site: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Parish: _____ Region: _____

Phone: _____ Fax: _____

The HIV/AIDS Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form.

For Office Use Only

Date Received: _____ Date Sent to HAP Central Office: _____

HIV Prevention Coordinator's Initials: _____

Site Approved _____ Disapproved: _____

HIV Prevention Supervisor's Initials: _____

INSTRUCTIONS FOR COMPLETION OF LAB 100 FORM – Laboratory Request and Report Form

Policy Statements

Confidentiality of Results – Lab forms must be stored in a locked file cabinet or in client records in order to insure confidentiality of results.

Referral of HIV Infected Persons – Counselors are required to set up a medical appointment for HIV infected clients during the posttest counseling session.

Maintenance of Posttest Counseling Report Form – This portion of the lab form (blue card) must be returned to the HIV/AIDS Program upon completion of posttest counseling sessions. If the client does not return for their results the following policies apply:

- For HIV negative results the blue card must be retained for one year from the date of the test. After one year the card should be completed and returned to the HIV/AIDS Program.
- For HIV positive results the blue card must be retained by the testing site until the client receives posttest counseling.

Description of the Lab 100 Form

The Lab 100 Form is a five page document used to link laboratory tests related to HIV infection to the client. The form also provides a mechanism to record demographic and risk information needed to track the HIV epidemic and plan HIV prevention programs. The purpose of each page of the form is as follows:

Lab Copy* – White Page: This page is retained by the laboratory as their official documentation of the test performed.

Program Copy* – Pink Page: This page is retained by the HIV/AIDS Program and used by the data entry staff to record the demographic and risk information in a confidential database. Each testing site is provided a quarterly report based on the information collected from this form.

Submitter Copy* – Yellow Page: This page is returned to the testing site with the result of the test which was requested. The counselor is required to document risk reduction plans on the back of this page.

Submitter Copy/Confidential Case Report*: This page is intended for use in reporting HIV infected individuals to the HIV/AIDS Program Surveillance Section. For positive test results the laboratory is required to submit this form to the HIV/AIDS Program.

HIV Counseling and Testing Posttest Counseling Report Form – Blue Card: This page is used by the testing site to document posttest counseling sessions. The form must be returned to the HIV/AIDS Program upon completion of the posttest counseling session.

* These copies are referred to as the multi-colored packet throughout these instructions. The data entry staff enters the information provided into the confidential database. This information is reported to sites on the quarterly report.

Steps in the Completion of the Lab 100 Form

STEP I. Preparing the Lab 100 Form to Conduct Pretest Counseling

Tear off the **Post-test Counseling Report Form** (last page, blue card) from the multi-colored packet and record the date the specimen was collected in the **date specimen collected** field. Record the date in month-day-year format (i.e., 03-01-01).

The Posttest Counseling Report Form (blue card) is retained until post-test counseling occurs. For instructions on completion of the Post-test Counseling Report Form, refer to Step VII.

STEP II. Preparing the Multi-colored Packet (white, pink, yellow and green forms)

Using a ball point pen be sure that all copies of the form are marked.

Completion of all gray areas is REQUIRED for both Confidential and Anonymous testing.

CLIENT CODE:

This field is for use by the site in linking the form to the client's record. Complete this field if instructed by Site Supervisor. CONFIDENTIAL TESTING SITES are required to enter up to an 11-digit numeric **client code**/identifier (such as medical record number) in this field. NO alphabetic characters are to be entered in this field. **Anonymous testing sites are not required to complete this field of the LAB 100 Form.**

MEDICAID NUMBER:

Please ask every client if they have a Medicaid number. Enter the client's Medicaid number in the space. If the client does not provide a Medicaid number enter their 9-digit SOCIAL SECURITY number. For an anonymous test this field is not required.

LAST NAME:

Complete this field for confidential tests.
Enter **last name** of the client if the HIV test is conducted CONFIDENTIALLY.

FIRST NAME:

Complete this field for confidential tests.
Enter **first name** of the client if the HIV test is conducted CONFIDENTIALLY.

CITY:

Enter the name of the **city** in which the client resides. (Required for both confidential and anonymous testing.)

PARISH FIPS:

Enter the client's **parish** of residence in the format of FIPS code. The parish/county FIPS (Federal Information Processing Standard) Code is a 3-digit numeric code for recording the client's parish of residence. Louisiana Parish codes can be found on the back of the Program Copy (pink). If the client is a resident of another state, omit the county but be certain to enter the zip code. (Required for both confidential and anonymous testing.)

STATE FIPS:

Enter the client's **state** of residence in the format of a FIPS Code. The state FIPS code is a 2-digit numeric code for the client's state of residence. For Louisiana residents the FIPS code is 22. FIPS codes for all states can be found printed on the back of the Program Copy (pink). For residence in a foreign country, use FIPS code 98. (Required for both confidential and anonymous testing.)

ZIP CODE:

Record the 5-digit **zip code** of the client's residence. (Required for both confidential and anonymous testing.)

TYPE OF TEST:

Mark the appropriate box for **anonymous** or **confidential** testing.

- Confidential testing indicates that information such as the client's name, medical record number, social security number or any other unique identifier is placed on the form which can be linked to that person being tested.
- Anonymous testing indicates that no such information has been provided and in most cases the client receives a unique number (the LAB 100 Form number) which is linked to their specimen and the Pretest Card (lower left corner of the blue card) attached to the Posttest Counseling Report Card (blue card).

SITE #:

Place the HIV Counseling and Testing **site number** in the space provided. The site number is a unique code identifying the location of the HIV counseling and testing activity. It is assigned by the Central Office HIV CTS Data Manager. Each active clinic, satellite and/or mobile unit has been assigned a distinct site number. To begin counseling and testing in a **new** site, organizations/clinics are required to submit the Site Registration Form (see Attachment #1) and wait for approval from the HIV Counseling and Testing Prevention Coordinator. Staff and volunteers will require HIV Prevention Counseling Training prior to commencement of CT activity.

If a site is approved the following rules apply:

- Each facility is issued one site number. Different clinics (i.e.: STD, Family Planning, TB, etc.) within a given facility may share the same site number, however each clinic must be assigned a different SITE TYPE.
- Use Site Type 10 after approval for mobile/field testing sites.

SITE TYPE:

Complete the **site type** as assigned by the HIV CTS Data Manager. This field identifies the type of site providing HIV counseling and testing. A list of site types is provided on the back of the white copy of the LAB 100 Form. A new site will be assigned a site type following the submission of the Site Registration Form (see Attachment #1) for authorized sites.

01=HIV CTS

This category includes alternate test sites or freestanding sites whose primary purpose is HIV counseling and testing. (For example, counseling and testing sites established by CBOs.)

02=STD

This category includes all public and private STD clinics. An STD clinic is defined as a specialty clinic where sexually transmitted diseases (STDs) are diagnosed and treated.

03=Drug Treatment

This category includes all drug treatment clinics/facilities which test and counsel clients for HIV. This would include drug-free, methadone maintenance and any other drug treatment programs where persons are tested for HIV.

04=Family Planning

This category includes women's health care facilities whose primary purpose is to provide family planning services. This includes health department (OPH) programs as well as private facilities such as Planned Parenthood.

05=Prenatal/OB/GYN

This category includes public and private clinics whose primary purpose is providing prenatal, obstetrical and/or gynecological care.

06=TB

This category refers to specialty clinics within or outside the health department (OPH) whose primary purpose is the diagnosis and treatment of tuberculosis.

07=PHC (Parish Health Clinic)

This category refers to services provided in public health clinics that cannot be coded to one of the following site types: 02, 04, 05 or 06. Early Intervention Services provided at Public Health Early Intervention Clinics are to use this code. OPH clinics may use this code for clients who walk-in for HIV testing only.

08=Prison/Jail

This category refers to sites that primarily provide services to inmates of a correctional facility.

09=HOSP/PMD

This category includes sites where HIV counseling and testing is conducted in a hospital or under the auspices of a private medical doctor.

10=Field Visit

This category is reserved for an organized group providing mobile counseling and testing services in the field, including street outreach and partner notification. A special site number should be obtained before using this as a site type code.

11=CHC (Community Health Clinic/Primary Care Clinic)

This category refers to services provided in community health centers which provide primary health care and that cannot be coded to one of the following site types: 02, 04, 05, 06 or 07.

12= Other

This category includes all other sites not mentioned above (colleges, job corps, residences for homeless persons, etc).

PRE-TEST COUNSELOR #:

Enter the **counselor number** in this field. Each counselor is required to have a unique identifying number by the HIV CTS Data Manager. Counselors who work in more than one location are to use their same assigned counselor number at each location. If the number is less than four digits in length, use leading zeros (i.e., 0007).

REPT. CATEGORY #:

Complete the **reporting category** as assigned under the ISIS/GFS (Governmental Financial System) accounting structure. The Reporting Category # refers to the Reporting Category Codes designated for each OPH program. This code will indicate where the HIV antibody laboratory testing fee is to be charged.

DATE SPEC. COLLECTED:

Record the date that the specimen was collected in the **date spec. collected** field. Record date in month-day-year format (for example, 03-01-01).

Note - Passport labels may be placed horizontally over the SEX, AGE, DATE OF BIRTH AND RACE/ETHNICITY variables as indicated at the top of the LAB 100 Form.

SEND REPORT TO (submitter's address):

Write, stamp or place sticker of the name, address, and phone number of the site conducting the Counseling and Testing Session on all copies of the Lab 100. ***If this information is not completed, the State Lab has difficulty returning results.***

SEX:

Check the appropriate box to indicate the client's gender in the space provided.

AGE:

Indicate the client's **age** in the space provided. Use a 2-digit numeric code to record the client's age in years. If age is unknown, record 00. If age is less than one year, record 00.

DATE OF BIRTH:

Complete this field for confidentially tested clients. Record month, day and year of client's **date of birth** in the format of month-day-year (for example, 01-01-64). This field is optional for anonymous testing sites and is often used to confirm a client's identification when receiving results.

RACE/ETHNICITY:

Mark one of the following race/ethnic codes:

- 1 - White, Not Hispanic**
- 2 - Black, Not Hispanic**
- 3 - Hispanic**
- 4 - Asian/Pacific Islander**
- 5 - American Indian/Alaskan Native**
- 6 - Other**
- 7 - Undetermined**

REASON FOR VISIT:

Mark all that apply.

PLEASE NOTE

If the client visits the clinic for the sole purpose of requesting an HIV test, only "Requesting HIV Test" should be recorded.

However, if the client visits the clinic to receive an STD exam/treatment or is referred for another reason and while at the clinic decides to get an HIV test due to counseling, the reason "Requesting HIV Test" would not be recorded. The definitions below should be applied when interpreting Reason for Visit.

1. **Symptomatic For HIV/AIDS:** Mark if the client exhibits signs or symptoms of HIV/AIDS.
2. **Client Referral:** Mark if the client was referred by a sex or needle-sharing partner.
3. **Provider Referral:** Mark if the client was referred by the health department (DIS, outreach workers, community based organizations, private MD or other institutions).
4. **STD Related:** Mark if the client is at the clinic for examination or treatment of a sexually transmitted disease (STD) such as syphilis, gonorrhea, herpes, etc.
5. **Drug Treatment Related:** Mark if the client is at the clinic for drug treatment services.
6. **Family Planning Related:** Mark if the client is at the clinic for family planning services.
7. **Prenatal/OB/ Related:** Mark if the client is at the clinic for prenatal, obstetrical and/or gynecological services.
8. **TB Related:** Mark if the client is at the clinic for tuberculosis-related services.
9. **Court Ordered:** Mark if the client has been required by the court system to provide an HIV test.
10. **Immigration/Travel Req:** Mark if an HIV test is required for immigration purposes or for the purpose of visiting another country.
11. **Occupational Exposure:** Mark if the client was possibly exposed to HIV (needle stick, etc.) while on the job. This would include health care workers, EMTs, police or others exposed to HIV while working.
12. **Requesting HIV Test:** Mark if the client came to the clinic for the sole purpose of having an HIV test.
13. **Other:** Mark if the client has another reason for their visit besides the reasons mentioned above (e.g., premarital requirement).

RISK INFORMATION (Mark all that apply):

Record all that apply. Specify if client has engaged in any of the listed activities in the last 12 months and/or if client has engaged in factor since 1978. Please mark both columns if applicable. For instance, if last 12 months is marked, since 1978 should also be marked. However, since 1978 can be marked without last 12 months being marked. Definitions are listed below. **Please do not make assumptions.**

CLIENT HAS:

Sex With Male: Client has had sex with a man in the last 12 months or since 1978. This applies to both males and females.

Sex With Female: Client has had sex with a woman in the last 12 months or since 1978. This applies to both males and females.

Injected Drugs: Client has self-injected or received an injection with a needle and syringe of a non-prescription drug or substance in the last 12 months or since 1978. Included are all injection routes (in addition to intravenous) such as the tongue and other sites which might be used by an addict to shoot up.

Occupational Exposure: Client has had a non-sexual exposure to the blood or potentially infectious body fluid of an HIV-infected person in the last 12 months or since 1978. For example, health care exposure or other work related exposure.

None Of The Above: Mark ONLY if nothing is checked above and client has had NONE of the factors listed above in the last 12 months or since 1978.

OTHER FACTORS CLIENT HAS:

STD Diagnosis: Client has had any type of sexually transmitted disease (STD) diagnosis in the last 12 months or since 1978.

Drug Use:

Heroin/Opiates: Client has used heroin and/or other opiate drugs in the last 12 months or since 1978. This includes injection with a needle and syringe and non-injection routes.

Cocaine/Crack: Client has used cocaine and/or crack cocaine in the last 12 months or since 1978. This includes injection with a needle and syringe and non-injection routes.

Exchange Sex For Drugs/Money: Client has GIVEN or RECEIVED sex in exchange for drugs or money in the last 12 months or since 1978.

RISK OF PARTNER(S):

HIV Positive: In the last 12 months or since 1978, client has had sexual relations with a person who has been told they are HIV-positive by a health care professional.

Male To Male Sex: In the last 12 months or since 1978, client has had sex with a man who has had sex with another man.

Injection Drug Use: In the last 12 months or since 1978, client has had sex with an injection drug user. This includes all injection routes (in addition to intravenous injections) such as the tongue and other sites which might be used by an addict to shoot up

OTHER RISK FACTOR(S):

Record all that apply. Definitions are listed below. **Please do not make assumptions.**

OF SEX PARTNERS LAST 12 MONTHS: Record the number of sex partners given by the client in the space provided. The question may be asked, **“On average, how many people do you have sex with in a year?”** A three-digit space is provided. For example: If the client states that he/she has had 17 sex partners on in the last year, the counselor is to write “017” in the space provided.

CONDOM USE: Enter the number corresponding to the client's response in the space provided (see below). The question may be asked, "**How often do you use condoms when you have sex?**"

- 1 – Always
- 2 – Usually (more than half)
- 3 – Sometimes (less than half)
- 3 – Never

USED CONDOMS LAST TIME HAD SEX?: Enter the client's response in the appropriate space (see below). The question may be asked, "**Did you use a condom the last time you had sex?**"

- 1 – Yes
- 2 – No

TEST REQUESTED:

For Blood Specimens mark HIV-1/HIV-2 for the type of HIV test requested.
For Oral Fluid Specimens mark HIV-1 for the type of test requested.

- HIV-1 is the primary virus found in individuals whose risk exposure has been in the United States.
- HIV-2 is found in individuals whose risk exposure occurred in West Africa or through contact with a West African.

TYPE OF SPECIMEN:

Mark appropriate box for type of specimen collected.

- 1. Serum
- 2. Plasma
- 3. Blood
- 4. Oral fluid (saliva)
- 5. Urine

PREVIOUSLY TESTED?:

Mark one of the following codes to indicate if the client was tested previously for HIV.

No - Client has never been tested before for HIV.

Yes, Negative - Client previously tested negative for HIV.

Yes, Positive - Client Previously Tested Positive For HIV.

Yes, Inconclusive - Client previously tested inconclusive for HIV.

Yes, Unknown - Client was tested before, but is uncertain of the result.

RETEST:

Mark if the client was tested for HIV within the last three (3) months and is requesting an additional test.

PREVIOUS ID #:

If yes, provide the previous Counseling and Testing Number, the Lab94 or LAB100 Number, if known. If no, leave blank.

DATE OF MOST RECENT TEST:

Record month-day-year of the most recent HIV test performed. Leave blank if the client has not been tested before.

STEP III. Preparing the PRE-TEST FOLLOW-UP CARD (BLUE)

Remove the **pre-test follow-up card** from the lower left-hand corner of the Post-test Counseling Report Form (Blue Card). Complete the spaces as follows:

___/___/___ **Date Specimen Collected**

Write the date the specimen was collected in the spaces.

SITE NAME:

Write or stamp the name of the site where the client is to return for post-test counseling.

SITE LOCATION:

Write or stamp the address of the site where the client is to return for post-test counseling.

PHONE #:

Write or stamp the phone number of the site where the client is to return for post-test counseling.

EARLIEST RESULTS TO BE READY:

Write the date the client is to return for results.

EMPHASIZE that the client MUST RETURN FOR THEIR RESULTS. RESULTS ARE NOT GIVEN OVER THE TELEPHONE. CLIENTS ARE NOT TO ASSUME THAT STATE DISEASE INTERVENTION SPECIALISTS WILL NOTIFY THEM OF THEIR RESULTS IF THE RESULTS ARE POSITIVE. Results are mailed to the site two (2) weeks or 14 days (if not sooner) after the specimen is mailed to the lab.

PLEASE NOTE:

The Statewide AIDS HOTLINE Number is provided on the back of this card. Clients should be instructed that this number is available 10:00 a.m. - 8:00 p.m. Monday through Friday and 10:00 a.m. - 4:00 p.m. Saturday to provide them with additional information about HIV/AIDS Counseling and Testing Sites, Medical Services and other HIV/AIDS service-related organizations.

STEP IV. What to Do With The Yellow Form

The risk reduction plan developed with the client during the counseling session should be documented on the back of the **Submitter's Copy (yellow)**.

Step 1 - Prepare the yellow form

Flip back white, pink and green copies so the writing does not go through when completing this section. Only write on the back of the yellow page.

Step 2 - Complete the form as follows:

COMMENTS:

Used by the counselor to **comment** on the client's pre-test session. Comments may be subjective in nature, however, must not make value judgment statements regarding risk behavior. Subjective remarks stated by the client, such as, "I think I'm going to kill myself," or "My partner is HIV infected" can be documented or summarized. Rule of thumb - do not write anything that you would not want read in a court of law.

RISK REDUCTION PLAN:

Used by the counselor to record detailed description of client's **risk reduction plan**. Counselor should record client's risk reduction plan as established by the client during the counseling session. Examples might be "The client has agreed to reduce his/her risk for HIV by wearing condoms at least one time between now and receiving his/her results," or "The client has agreed to discuss wearing condoms with his/her partner" or "The client has agreed to use new needles if they shoot up between now and the post-test counseling session."

STEP V. What to do With the Bar Coded Stickers

Four bar-coded stickers are provided at the bottom of each Lab 100 Form. They are to be used as described below. **ONLY REMOVE TWO STICKERS.** The remaining stickers will be used by the laboratory. The stickers should be used as follows:

1. SPECIMEN - ONE (1) BAR-CODED STICKER

- For blood specimens - attach one bar-coded label so that the top of the bar-code label is touching the bottom of the red-top-stopper. Spin the tube in a circular motion wrapping the label around the red-top-tube containing the client's specimen.
- For oral fluid specimens - attach one bar-coded label so that the top of the bar-coded label is touching the bottom of the oral fluid collection container stopper.

2. SITE USE - ONE (1) BAR-CODED STICKER

One (1) bar-coded sticker is available for site - specific use. Examples are as follows:

- A sticker may be placed in the client's medical record, or
- A sticker may be placed on a counseling and testing log maintained at the site.

3. LABORATORY USE: TWO (2) BAR-CODED STICKERS

Leave at least two (2) bar-coded stickers in the original sticker area.

These are reserved for laboratory use.

Oral Fluid Specimen collection and storage (OraSure HIV-1 Specimen)
--

Revised November 06, 2000

1. Refer to the OraSure HIV-1 Oral Specimen Collection Device package insert for instructions on collecting a specimen. The laboratory does not provide the collection kits.
2. OraSure HIV-1 specimens must be transported to the laboratory in the OraSure HIV-1 Specimen vial (included in the collection kit).
3. OraSure HIV-1 specimens may be transported to the laboratory at ambient (room) temperature via courier or regular mail in accordance with applicable federal, state and local regulations which apply to the transportation of OraSure HIV-1 specimens which may contain etiologic (disease causing) agents (39 CFR 111). Please contact the State Laboratory (address follows) for transport options available from your test site.
4. OraSure HIV-1 specimens (on or off the collection pad) may be stored at 4°C to 37°C for a maximum of 21 days from the time of collection; this includes the time for shipping and testing. To reduce the turn around time for patient results, immediate transport to the laboratory is recommended.
5. Record the specimen identification number from the OraSure HIV-1 Specimen vial on the appropriate lab slip (Lab 100).
6. There must be a minimum volume of 0.75 ml of specimen available for testing. Specimens with insufficient specimen volume will be rejected and must be recollected.
7. False results (either positive or negative) may occur because of interfering substances, such as foreign matter in the mouth, being collected with the specimen. Specimens that are grossly contaminated with foreign matter will be rejected and must be recollected. These specimens are usually opaque and brown.

8. Please feel free to contact either Dr. Martin (Lab manager) at 504-568-5374 or Terry Crockett (Lab supervisor) at 504-568-8676 if you have additional questions. The lab address is:

OFFICE OF PUBLIC HEALTH
DIVISION OF LABORATORIES
VIROLOGY-IMMUNOLOGY-SEROLOGY SECTION
325 LOYOLA AVENUE, SUITE 709
NEW ORLEANS, LOUISIANA 70112-1829

STEP VI. How to Submit the Specimen and Lab Form to the Laboratory

Mail the LAB 100 Form (multi-colored packet with 2 stickers) and the specimen to the appropriate State Laboratory. At this time, Orleans, Region 1 and Region 9 mail to the New Orleans Lab; Regions 3, 4 and 5 mail to the Lake Charles Lab; and Regions 2, 6, 7 and 8 mail to the Shreveport Lab. Pre-paid mailing canisters are provided by the lab. Sites are to retain the Post-test Counseling Report Form until the post-test counseling session (see step VII).

Call your appropriate Laboratory for detailed instructions regarding the handling and storage of your lab specimens or to obtain mailing canisters. The address and phone number of the Regional Laboratories are located on the back of the yellow copy of the LAB 100.

STEP VII. How to Complete the Post-test Counseling Report Form (Blue Card)

Maintenance of Posttest Counseling Report Form – This portion of the lab form (blue card) must be returned to the HIV/AIDS Program upon completion of posttest counseling sessions. If the client does not return for their results the following policies apply:

- For HIV negative results the blue card must be retained for one year from the date of the test. After one year the card should be completed and returned to the HIV/AIDS Program.
- For HIV positive results the blue card must be retained by the testing site until the client receives posttest counseling.

Complete the form as follows:

SITE #:

Place the **site number** of the site providing post-test counseling in the space provided. Site number is a unique 3-digit code identifying the location of the HIV counseling and testing activity. It is assigned by the Central Office HIV CTS Data Manager. (See description in Step II.)

SITE TYPE:

Complete the **site type** as assigned by the HIV CTS Data Manager. This field identifies the type of site providing post-test counseling. Site Type is assigned by the Central Office HIV CTS Data Manager. (See description in Step II.)

POST-TEST COUNSELOR #:

Enter the **counselor number** for the counselor providing the post-test counseling as assigned by the CTS Data Manager. (See description in Step II.)

DATE SPEC. COLLECTED:

This date should have been recorded in **STEP I**. If not, record the date when the specimen was collected. Record date in month-day-year format (for example, 03-01-01).

DATE POST-TEST COUNSELED:

Record **date post-test counseled** for the date which the client was counseled about with his/her results. Record date in month-day-year format (03-01-01).

WAS CLIENT POST-TEST COUNSELED?:

Indicate one of the following:

1 - No, Did Not Return Within 1 Year

- **Negative Test Result:** This card must be returned after 1 year from the **Pre-test Counseling Session**. The testing site is responsible for returning the card to the HIV/AIDS Program upon completion of the posttest counseling session or after one year.
- **Positive Test Result:** Retain the blue card until the client is counseled about his/her test result. If the client is tested confidentially, all attempts should be made to contact the client. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session. If the client has moved to another region, the blue Post-test Counseling Report Form and a copy of the test results should be transferred to the STD Regional Manager's office for follow-up.

2 - Yes, Returned For Results

This should be marked if the client returned for his/her test results. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

3 - Yes, Was Contacted And Returned For Results

This should be marked if the client was contacted by phone or visit and came back into the site to receive his/her results. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

4 - Yes, At an Unrelated Clinic Visit

This should be marked if the client returned for an unrelated clinic visit and received post-test counseling regarding his/her results. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

5 - Yes, Other (Post-test Counseled in The Field, Etc.)

This should be marked if the client received his/her post-test counseling in the field. The testing site and the DIS share responsibility for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

DID CLIENT MEET GOALS OF THE RISK REDUCTION PLAN?:

The pre-test Risk Reduction Plan should be documented on the back of the yellow copy of the LAB 100 Form. (See STEP IV in the LAB 100 Form Completion Section.) Counselors are to refer to the Risk Reduction Plan during the post-test counseling session. Use the risk reduction plan to assess whether the client met his/her goals. Use the test results to give feedback on the client's plan.

1 - Completely

Indicates that the client has completely carried out his/her Risk Reduction Plan. Support the client for the successes in reaching his/her goals. Expand to include further HIV risk reduction.

2 - Partially

Indicates that the client has partially carried out his/her Risk Reduction Plan. Provide the client with additional HIV Prevention Counseling including the exploration of the client's barriers to meeting his/her original goals for reducing his/her risk for acquiring or transmitting HIV. Support the client for the successes toward reaching his/her goals.

3 - Not at all

Indicates that the client has not been able to carry out any of his/her Risk Reduction Plan. Provide the client with additional HIV Prevention Counseling including exploration of the client's barriers to meeting his/her original goals for reducing his/her risk for acquiring or transmitting HIV. Discuss the need for the client to return for additional counseling.

DID CLIENT USE A CONDOM THE LAST TIME HE/SHE HAD SEX?:

Mark one of the following responses:

1 - Yes

Indicate if the client used a condom the last time he/she had sex.

2 - No

Indicate if the client did not use a condom the last time he/she had sex.

FOR HIV NEGATIVE CLIENTS:

You have completed the form at this point. There is a referral card on the bottom right hand side of the form (blue card) which can be used if needed to refer client for additional services or for repeat HIV testing.

FOR HIV POSITIVE CLIENTS:

Complete the final section of the form (blue card) for every HIV positive client during post-test counseling.

FOR HIV POSITIVE CLIENTS ONLY:

This ENTIRE section must be completed.

IS THE CLIENT PREGNANT?:

- **Yes** – Mark if a female client has a positive pregnancy test or thinks that she is pregnant.
- **No** – Mark if a female client has a negative pregnancy test or is not pregnant.
- **Male, not applicable** – Mark if the client is a male

REFERRALS PROVIDED:**POLICY:**

All clients identified as HIV infected are to be provided with a referral to a specialized medical provider. Counselors are required to set up the initial medical appointment for HIV infected clients. Each region of the state has a medical center/clinic that treats HIV infected clients. This referral is a vital part of HIV Counseling and counselors must contact the Ambulatory Care clinic in the region and set up an appointment for the client. A list of public clinics with locations and phone numbers is located on the back of the blue card.

If it is impossible to make a medical appointment, an appointment should be made with a regional service provider for case management. Ideally, the counselor should set up both appointments for the client. Each region of the state has a community based organization which provides case management for HIV infected clients. This referral is a vital part of HIV Counseling--counselors must contact the agency directly and set up an appointment for the client.

1 - Medical Care Appointment:

(Counselors are required to set up initial medical appointment for client. A list of public clinics with locations and phone numbers is listed on the back.)

SITE NAME: ____ DATE of APPOINTMENT: ____ Counselor Initials: ____

Indicate the name of the site and date of appointment to which the client is being referred. Counselor should write his/her initials on the form.

- Provide the client with the Blue Medical Referral Card on the bottom of the Post-test Counseling Report Form. It is to be completed with the name of the clinic/agency to which you are referring the client to and their phone number.

**2 – Regional Community-Based Service Provider
Appointment (For Case Management Services):**

SITE NAME: _____ DATE of APPOINTMENT: _____ Counselor Initials: _____

Indicate the name of the site and date of appointment to which the client is being referred. Counselor should write his/her initials on the form.

- Provide the client with the Blue Referral Card on the bottom of the Post-test Counseling Report Form. It is to be completed with the name of the clinic/agency to which you have set an appointment for the client and the agency's phone number.

3 - STD Clinic Services

Indicate if the client is being referred for STD Treatment or Partner Notification Services available through the STD Regional Office/STD Clinic.

- Provide the client with the name, address and phone number of the clinic/agency to which you are making the referral.

4 - Substance Use Treatment

Indicate if the client is being referred to substance abuse treatment as a result of counseling.

- Provide the client with the name, address and phone number of the clinic/agency to which you are making the referral.

5 - Other

Indicate if the client was provided with a referral other than the services listed above. List the name of the referral agency.

- Provide the client with the name, address and phone number of the clinic/agency to which you are making the referral.

**PARTNER NOTIFICATION/COUNSELING TO BE DONE BY:
(check all that apply)**

All HIV infected clients are to be specifically counseled on the risk of HIV transmission to sex and needle sharing partners. The following options are to be discussed with the client regarding current and past partners who may have been exposed to HIV.

6 - Client

Mark if the client will be responsible for discussing his/her HIV infection with sex and needle sharing partners. Clients are to be instructed that their partners may or may not have acquired or transmitted HIV from their exposure to HIV.

7 - Provider

Mark if the counseling and testing site has agreed to assist the client in discussing his/her HIV infection with current and/or past sex and needle sharing partners.

8 - STD or Referral to STD

Mark if the client has been referred to or if the STD program will be responsible for notification of partners. This option should be offered to all seropositive clients. The explanation to the client is as follows:

The STD Program in each region of the state is available to notify/counsel sex and needle sharing partners. This is an anonymous process and your partner(s) will never be told your name or anything about you including when you may have had contact with this person. The partners will be told that they have “possibly been exposed to HIV” and that it is recommended that they seek HIV counseling and testing services.

If you choose to have the STD Program notify your partners, it will require that you meet with the designated STD staff person. This person will ask you for information about your past and/or current partners who possibly have been exposed to HIV such as that person’s name and/or nickname, where they can be located, which can be either an address or a place where they hangout, a description of what that person looks like and any other information that can be helpful in locating that person. As discussed above, the STD staff person will contact that person and notify them that they have “possibly been exposed to HIV” and that it is recommended that they seek HIV counseling and testing services.

CLIENT RISK INFORMATION: (check all that apply)

The data collected in this section is required to improve the accuracy of HIV reporting and in developing a comprehensive statewide HIV prevention program.

After 1977 and preceding (before) the first positive HIV antibody test or AIDS diagnosis, this client had:,

Check one box for each line:

- **check yes for each risk that the client has**
- **check no for each risk that the client does not have**
- **check unknown for each risk that the client is unsure**

The risks are:

- SEX WITH MALE
- SEX WITH FEMALE
- INJECTED NONPRESCRIPTION DRUGS
- EXCHANGED SEX for money or drugs
- HETEROSEXUAL relations with any of the following:
 - Injection/intravenous drug user
 - Bisexual male
 - Person with hemophilia/coagulation disorder
 - Transfusion recipient with documented HIV infection
 - Transplant recipient with documented HIV infection
 - Persons with AIDS or documented HIV infection
- TRANSPLANT of tissue/organs or artificial insemination
- WORKED in a health-care or clinical laboratory setting;
(Specify occupation: _____) Write the client's occupation.
- RECEIVED CLOTTING FACTOR FOR COAGULATION DISORDER
Specify clotting disorder:
Hemophilia A: Clotting Factor VIII
Hemophilia B: Clotting Factor IX
For other please specify Clotting Factor
- TRANSFUSION of blood/blood components (other than clotting factor)
Please enter the first date client was transfused in month and year format
and enter the last date client was transfused.

[CBO Name]

Individual Confidentiality Agreement

As a staff/volunteer at _____, I understand that I will be exposed to sensitive, privileged client information. Examples of such information are client's name, risks for HIV transmission, medical conditions and treatment, HIV test results, sexual orientation, relationship with family members and the like. The client's right to privacy is not only a policy of our organization, but is specifically guaranteed by statute and governmental regulations.

I will adhere to the following guidelines to ensure confidentiality:

1. At no time will I discuss any client information with any person not professionally affiliated with this agency or with the Louisiana Office of Public Health HIV/AIDS Program.
2. I will not discuss any matter pertaining to a client's medical history and condition, including HIV serostatus, sexual orientation and risk for HIV transmission, with any persons unless the information is pertinent to HIV counseling and testing or related activities.
3. At times, HIV counseling and testing personnel (volunteers/staff) will be utilizing the HIV Laboratory Request and Report Forms, LAB 100, outside of the agency's designated HIV counseling and testing area. I will ensure that these materials are handled as discreetly as possible and never left unattended or in view of others unrelated to the HIV counseling and testing program.

I will follow all of Louisiana's HIV counseling and testing policies and procedures on confidentiality. I have read, understand and agree to comply with these guidelines. I understand that intentional or involuntary violation of this policy may result in termination of my employment or volunteer services.

Warning: Persons who reveal confidential information may be subject to legal action by the person about whom such information pertains.

Signature

Date

Witness

Date

DEFINITIONS FOR IMPRESSIONS OF DEMONSTRATED SKILLS IN HIV PREVENTION COUNSELING

Check marks should be placed in the center of the appropriate box so that the counselor does not interpret the impression to be “almost” Meets Expectations or Excellent. If the supervisor is unable to observe a particular skill element for any reason, N/O should be placed in the Meets Expectations box. An effort should be made to create an opportunity for observation before the completion of the next skills inventory. Supervisors may role-play to find out whether the counselor makes appropriate responses and should see how the counselor performs with an actual client before making a determination on the skills inventory.

Excellent

This impression should be checked when the supervisor compliments the counselor on a skill that is clearly above the expectations for a satisfactory impression. The supervisor should be able to articulate exactly what led to this rating.

Needs Improvement

This impression should be checked when a supervisor makes constructive recommendation(s) that the counselor is to follow in the future to strengthen a skill that is clearly below expectations.

Meets Expectations

This impression should be checked when the supervisor’s direct observation of performance deduces that the counselor consistently demonstrates skills according to the definitions below:

COMMUNICATION SKILLS

1. Demonstrated professionalism

Displayed self-confidence, competence, dependability, preparation, integrity, appropriate seriousness. Convincingly conveyed the capability (expertise, training, knowledge, devotion) and commitment to maintain client confidentiality. Smoothly preempted likely client concerns about confidentiality and also effectively reinforced it when discussing sex partners and when resolving special client problems. Was nonjudgmental and objective about client’s behavior and conveyed acceptance for client lifestyles.

2. Established rapport

Displayed respect, empathy and sincerity to clients (e.g., introduced self, was polite, used plausible and factual motivations).

3. Listened effectively and assessed needs appropriately

Did not interrupt clients unnecessarily. Responded to client's questions appropriately and gave evidence that important information was noted, such as following up with additional questions or mentioning specifics in the post-counseling critiques.

4. Used open-ended questions

Phrased questions (beginning with who, what, when, where, why, how, tell me) to stimulate meaningful responses. Used open-ended questions, particularly in sensitive areas of the sessions which were most important and where the client might have avoided giving candid answers by using negative or condescending responses.

5. Communicated at the client's level of understanding

Avoided technical terms, jargon or words deemed beyond the comprehension of the client. Clearly explained necessary medical and technical terms and concepts.

6. Gave factual information

Demonstrated accurate knowledge of HIV. Corrected client misconceptions and provided comprehensive disease information. Avoided extraneous information.

7. Solicited client's feedback

After delivering messages, asked appropriate questions to determine whether clients understood and how they intended to comply. Used content (rephrasing what the client said) and feelings (interpreting how the client felt) responses to verify client's meanings.

8. Used reinforcement

Sincerely complimented or acknowledged clients after hearing intentions to use, or descriptions of, positive behaviors. Used smiles and affirmative nods and words effectively.

9. Used appropriate nonverbal communication

Conveyed sincere interest by maintaining eye contact, minimizing physical barriers and leaning toward the client. Avoided negative, nonverbal signals communicating anger, surprise, distaste or fear of contagion. Avoided finger shaking, arm crossing and expressions of disinterest. Nonverbal communication complemented the verbal communication.

10. Addressed problems/concerns communicated by client

Sought out and dealt with client concerns. Assisted the client in determining appropriate resolution to problems. Was empathetic to client's problems and concerns.

PREVENTION COUNSELING SKILLS

1. Carefully explained confidentiality, disclosures and obtained consent for testing

Ensured that the client was given sufficient information to decide about testing and gave appropriate written consent (consent with ID number in the case of anonymous testing).

Note - Strict protection of client confidentiality must be maintained for all persons offered and receiving HIV partner notification services. Refer to Act 1054 for further detailed information on state laws regarding confidentiality and HIV testing.

2. Assisted the client in recognizing risks

Did not use a checklist approach in assessing risks. Encouraged the client to talk about specific risks and to acknowledge that continued risk behavior presents a real danger.

3. Assessed what the client has done already to reduce risk

Asked what steps the client has taken. Complimented client on healthy steps. Inquired about difficulties. Asked about sources for support.

4. Avoided giving extraneous information. Focused on the client's individual issues and circumstances

Listened to what client said and reacted appropriately. Surfaced client's knowledge and circumstances without lecturing.

5. Negotiated a realistic plan to help the client reduce future risks

Discovered what the client is willing and able to do over what time period. Helped the client deal with perceived barriers. Role-played when client's plan involved negotiating with others. Documented the plan in the client's record (LAB 100 Form).

6. Established a plan for receiving results

Reviewed how and when the client will receive results and addressed any barriers to returning.

7. Provided literature and condoms, as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration, if appropriate.

SERONEGATIVE COUNSELING SKILLS

1. Sensitive provided test results

Stated results early in the session in a serious manner. Explained results as they relate to particular clients. Discussed the possibilities of incubation and future infection.

2. Reviewed risk assessment and attempts to reduce risk

Refers to risk reduction plan determined in the Prevention Counseling Session on the LAB 100 Form. Assisted the client in understanding if risks remain and discussed efforts to reduce risks according to the plan established. Addressed any barriers to safer behavior and reinforced successful attempts to avoid risks.

3. Negotiated plan for staying negative

Involved client in making a plan that minimizes risk taking. If client chose monogamy, ensured that both partners are tested so that a negative test for both is valid. Encouraged client to verbalize plan based on risk reduction messages delivered in the pre-test counseling session.

4. Assisted client with other referrals when appropriate

Discussed further counseling options with high-risk behavior clients. Made appropriate referrals for additional counseling (e.g., drug treatment, family planning, STD).

5. Provided literature and condoms, as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration, if appropriate.

SEROPOSITIVE COUNSELING SKILLS

1. Stated results early in the session in a serious manner that did not intensify client's feelings

Did not assume client's burden, but did move quickly to factually bolster a sense of survival and control. Covered the risk of developing AIDS and the meaning of a positive test. Explained that stimulating the immune system may hasten the development of AIDS.

2. Discussed benefits of early medical intervention

Presented a plan to benefit from early medical treatment and intervention. Conveyed a sense that HIV infection is a manageable disease. Discussed the availability of medical care, mental care and social and support services to the client.

3. Explained the risk of transmission to others (sex and needle sharing partners)

Covered the latest PHS recommendations for preventing the spread to others.

4. Discussed counseling options/established plan to notify partners

Expressed the importance of right to know aspects of partner elicitation. Explained client referral, provider referral and health department referral. Negotiated how best to notify all sex and/or needle sharing partners. Advised client of state law regarding partner notification. Made appropriate referrals where needed.

5. Role-played and coached client on how to notify partners

Role-played with and coached those who planned to notify their own partners and explained that anonymity will be sacrificed with a self-referral.

6. Obtained partner descriptive/locating information, if appropriate

Gathered detailed locating information, including at least two items (home address and telephone number counts as one item). Obtained basic identifying information (i.e., age, race, ethnicity, sex, marital status, height, weight and complexion) and pursued distinguishing characteristics (i.e., hair color and style, facial hair, glasses, scars, physical impairments, distinctive clothing). Discussed most appropriate time and place to contact partner.

7. Made appropriate client referrals

According to program policy, made appointments for clients or gave written referrals to clients for further medical intervention and other services such as early intervention services, support groups, case management services, clinical trial information, partner notification, etc.

8. Provided literature and condoms, as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration, if appropriate.

9. Discussed client's plan to stay healthy, to protect self and others

Reviewed risk reduction messages from the pre-test counseling session. Conducted reassessment of client's risk factors including specific drug and condom usage. Identified and negotiated safer behaviors in order to protect self and prevent transmission to others. Discussed the need to inform continuing partners about infection status.

10. Scheduled follow-up with client

Scheduled follow-up contact with client either through a phone call, an appointment to bring in partner or an appointment if the client needed additional counseling.

11. Completed Post-test Counseling Report Form

HIV/STD COUNSELING SKILLS INVENTORY

Reviewer: _____ Date of Review: _____
HIV PREVENTION COUNSELOR: _____
Location: _____
Time: _____

Suggestions for Use:

1. This skills inventory is a tool to assist counselors and management by documenting a single observation of the counselor's communication, prevention counseling, seronegative counseling and seropositive counseling skills. Conclusions should be based on how consistently well the counselor demonstrates each skill.
2. When observing, take notes then consult the definitions on the previous pages before deciding how to record your impressions. To establish a firm basis for your assessment, you should note partial quotations and specific observations from the counseling session.
3. Whenever assessing a counselor's skills as "Needs Improvement" or "Excellent", the observer should attach comments describing exactly what was observed that led to that impression. If improvement is needed, provide the counselor with specific recommendations.

COMMUNICATION SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Demonstrated professionalism.			
2. Established rapport.			
3. Listened effectively and assessed needs appropriately.			
4. Used open-ended questions.			
5. Communicated at the client's level of understanding.			
6. Gave factual information.			
7. Solicited client's feedback.			
8. Used reinforcement.			
9. Used appropriate nonverbal communication.			
10. Addressed problems/concerns communicated by client.			

PREVENTION COUNSELING SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Carefully explained confidentiality, including disclosures.			
2. Assisted the client in recognizing risks.			
3. Assessed what the client has done already to reduce risk.			
4. Avoided giving extraneous information and concentrated on the client's individual issues and circumstances.			
5. Negotiated a realistic plan to help the client reduce future risks.			
6. Discussed and obtained consent for testing and established a plan for receiving results.			
7. Provided literature and condoms, as appropriate.			

SERONEGATIVE COUNSELING SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Sensitive provided test results			
2. Reviewed risk assessment and attempted to reduce risk			
3. Negotiated plan for staying negative.			
4. Assisted client with other referrals when appropriate.			
5. Provided literature and condoms, as appropriate.			

SEROPOSITIVE COUNSELING SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Sensitive provided test results.			
2. Discussed benefits of early medical intervention.			
3. Explained potential risk to others (sex and needle sharing partners).			
4. Discussed counseling options/established plan to notify partners.			
5. Role-played and coached client on how to notify partners.			
6. Obtained partner descriptive/locating information (if appropriate).			
7. Made appropriate client referrals.			
8. Provided literature, condoms, as appropriate.			
9. Discussed client's plan to stay healthy, to protect self and others.			
10. Scheduled follow-up with client.			
11. Completed Post-test Counseling Report Form.			

**HIV PREVENTION COUNSELING AND TESTING
SUPPLY ORDER FORM**

**HIV/AIDS Program
234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
Fax - 504-568-7044**

**Please allow a minimum of two (2) weeks for delivery.
Do not use this form to order mailing canisters.**

Name of Requesting Agency: _____ **Site #:** _____
Contact Person's Name: _____ **Phone:** _____
Street Address: _____
City, State, Zip: _____

Item No.	Description	Qty.	Issue Unit	Sent On	Rcv'd OK
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Rev. 12/00

Signature of Requestor: _____ **Request Date:** _____

HAP USE ONLY - Approved By: _____ Date Sent: _____ Initials of Sender: _____
--

Date Shipment Received by Requestor: _____ **Initials:** _____

POPULAR OPINION LEADER (POL)

DESCRIPTION

This is a community-level intervention with the potential to reach large numbers of people at high risk for contracting HIV. The Popular Opinion Leader (POL) intervention occurs in settings where individuals at high risk for HIV either engage in high-risk behavior and/or socialize. The intervention requires at least fifteen percent (15%) of the identified opinion leaders from each major social network in a targeted setting attend an HIV prevention training. The trained opinion leaders then begin having one-on-one and small group risk reduction/health promotion encounters with the target population in order to change social norms by endorsing safer sex behaviors and harm reduction activities. Posters, buttons and any POL materials distinguishing your project are displayed at the intervention site(s) and are worn by popular opinion leaders in order to help prompt questions about the program.

A **popular opinion leader** is an individual that is considered a credible source of information in a social network on a specific topic, and the popular opinion leader is sought out by their peers for that information.

A **social norm** is defined as an unwritten rule of behavior. Norms play an important part in defining acceptable behavior within a group/social network.

A **social network** is defined as a group of people who share common interests. For example, at a bar several social networks may exist including groups of dancers, drinkers, injection drug users, hustlers, etc.

KEY ELEMENTS

- a) Locate sites where persons at highest risk for HIV engage in risky activities and/or socialize.
- b) Identify, enlist and train opinion leaders to take on harm reduction/health promotion advocacy roles.
- c) Encourage opinion leaders to have harm reduction/health promotion encounters within their own natural social networks at the intervention sites.
- d) Support and reinforce successive waves of opinion leaders to help reshape social norms and encourage safer sex behaviors and harm reduction/health promotion activities.

STEPS

Pre-Implementation

- a) Identify appropriate POL sites/social networks. Appropriate sites may include but are not limited to bars, housing developments and/or public sex environments. Appropriate social networks include but are not limited to groups of heroine users, commercial sex workers/hustlers and/or homeless youth.
- b) Describe the intervention to the site owner(s), staff, and local “gatekeepers” and obtain their support.
- c) Identify social norms and develop questions to assess the change of social norms over time.
- d) Identify the various social networks at each intervention site and determine population size.
- e) Select at least two (2) opinion leaders from each identified social network at the intervention site with the help of key informants.
- f) Recruit opinion leaders by explaining that they were nominated based on their popularity, credibility and their ability to influence others.
- g) Select a theme for the intervention with the help of the population being targeted.
- h) Administer a survey to collect baseline demographic, risk behavior and social norm information from community members at each intervention site.

Implementation

Training of POLs

- i) Explain the intervention theory, philosophy and the role that opinion leaders will be asked to play.
- j) Train opinion leaders, providing them with correct and current HIV harm reduction/health promotion information, advice on how to implement HIV harm reduction/health promotion behavior changes and ideas on how to effectively communicate this information to others.
- k) Model and role-play examples of effective HIV harm reduction/health promotion conversations, including how to spontaneously initiate conversations.
- l) At the closing of the training, contract with the opinion leaders to have ten (10) conversations with at-risk friends and acquaintances.

Promotion and Recruitment

- m) Promote the intervention by placing distinguishing POL materials at the intervention site and by asking opinion leaders to also wear promotional items that will help them be identified.
- n) Recruit additional opinion leaders through a snowball effect of asking current opinion leaders to bring their friends to participate in the second wave of trainings.
- o) Train a new, second wave of opinion leaders to maintain program momentum.

Maintenance and Evaluation

- p) Reunite the first wave of trained opinion leaders in order to reward their hard work, offer refresher information and share the progress that they have made.
- q) Provide incentives to participants that reunite after the first wave if at all possible.

PERSONNEL

- a) In order to conduct the popular opinion leader intervention, an agency is required to complete the following:
 - 1) The entire (2) two-day Popular Opinion Leader Training hosted by the HIV/AIDS Program in January 2001 or at other identified HAP sponsored trainings for POL.
 - 2) An in-house review of the Popular Opinion Leader Training Manual and a review of the 2001 CBO Contractor Guidelines, protocol and accompanying forms with the Regional Coordinator.
- b) POL staff must be comfortable talking to and training community members on issues surrounding sex and substance use and about specific strategies for HIV harm reduction/health promotion conversations.
- c) POL staff will be comfortable engaging in activities that will frequently occur during non-traditional hours (e.g., afternoons after 3:00pm, evenings and weekends).

DOCUMENTATION

- a) HAP requires access to all supporting POL documentation during technical assistance site visits.
- b) All sites must be approved prior to activities taking place. The **Site Registration Form** (Attachment 1) must be completed and submitted to the Regional Coordinator for approval.
- c) The **Contact Information/ Individual Confidentiality Agreement Form** (Attachment POL-1) is to be filled out by individuals that have been selected as popular opinion leaders. This form must be completed before popular opinion leaders engage in harm reduction and health promotion conversations with friends and acquaintances. The form must be kept in a locked/secure place at the organization.
- d) The **Popular Opinion Leader (POL) Log** (Attachment POL-2) is to be completed by POL staff conducting trainings and by each popular opinion leader as documentation that they engaged in harm reduction and health promotion conversations with friends and acquaintances. The **Popular Opinion Leader (POL) Log** (Attachment POL-2) must be completed and submitted with the quarterly report.
- e) The **Nomination Form** (Attachment POL-3) is to be completed by key informants/gatekeepers in order to identify opinion leaders equal to at least fifteen percent (15%) of each social network. The **Nomination Form** must be kept on file at the organization.

- f) The **Condom Monitoring Log** must be filled out as a part of this intervention, documenting the number of condoms distributed by popular opinion leaders and POL staff. The **Condom Monitoring Log** must be completed and submitted with the quarterly report.
- g) Community based organizations developing or purchasing materials that are paid for with HAP prevention funds are required to submit the materials to the Regional Coordinator. All materials are sent to the HAP Program Review Panel for approval prior to purchase and/or distribution. This process takes a minimum of (6) weeks to complete.

EVALUATION

- a) Prior to conducting the intervention, collect baseline surveys which include questions about demographic information, perceptions about social norms and information about risky behavior over the last two months:
 - 1) Additional questions will need to be developed to look at your project's specific focus.
 - 2) At each intervention site, the goal is to have 80% of individuals that frequent the sites complete a survey over a three-day period.
 - 3) The site should be surveyed during a time when it receives the most traffic/activity.
 - 4) The following information should also be collected when surveys are administered:
 - Date
 - Start and ending time that surveys were administered
 - Number of refusals that surveyors encountered
 - Total number of individuals that were present at the intervention site
- b) The **Intervention Survey** must be administered to clientele at the intervention site (2) two times per year:
 - 1) The HIV/AIDS Program will determine the number of surveys administered following the initial baseline survey collection.
 - 2) Surveys are due on April 15th and October 15th.
 - 3) Surveys should be turned in to your Regional Coordinator as soon as a site requirement is complete.

Site Registration Form

CBO Name: _____ Date: ____/____/____

Contact Person: _____

Phone: _____ Fax: _____

Type of Intervention (check the intervention that you are registering a site for):

- | | | |
|---|---|---|
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Small Group Sessions |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Venue Based Outreach | |

Populations Targeted (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Racial & Ethnic Minorities | <input type="checkbox"/> Sexually Active Females | <input type="checkbox"/> Substance Users |
| <input type="checkbox"/> Youth at High Risk | <input type="checkbox"/> Males Who Have Sex With Males | |

Type of Organization/Site (please check one):**Clinic Sites**

- ☐ Alcohol & Drug Abuse Clinic
☐ Parish Health Unit
☐ Mental Health Center
☐ Community Health Center
☐ Private Clinic
☐ Other Clinic

Specify: _____

Commercial Businesses

- ☐ Bar (Gay)
☐ Bar (Heterosexual)
☐ Beauty/Barber Shop
☐ Convenience/Grocery
☐ Liquor Store
☐ Motel/Hotel
☐ Restaurant
☐ Other Business

Specify: _____

Other Sites

- ☐ CBO
☐ Community Center
☐ Housing Development
☐ Jail/Prison
☐ School
☐ Other sites with high risk behavior (crack house, PSE, etc.)

Specify: _____

Site Registration Information (please fill out all applicable information):

Organization/Site: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Parish: _____ Region: _____

Phone: _____ Fax: _____

The HIV/AIDS Program, prior to the intervention taking place, must approve all sites.**Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas.****Please allow two (2) weeks time to process this form.**

For Office Use Only

Date Received: _____

Date Sent to HAP Central Office: _____

HIV Prevention Coordinator's Initials: _____

Site Approved _____ Disapproved: _____

HIV Prevention Supervisor's Initials: _____

CONTACT INFORMATION

(Confidential Information)

Organization: _____

Name of Opinion Leader: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____

May we leave a message?

☐ Yes ☐ No

May we identify this program and leave a number?

☐ Yes ☐ No

May we leave a meeting time?

☐ Yes ☐ No

May we mail you information about future meetings?

☐ Yes ☐ No

Any other relevant information:

Note: The **Contact Information/Individual Confidentiality Agreement Form** is to be kept in a locked/secure place at the organization.

INDIVIDUAL CONFIDENTIALITY AGREEMENT

As a staff/volunteer at _____, I understand that I will be exposed to sensitive, privileged information. Examples of such information are an individual's name, risk for HIV transmission, medical conditions and treatment, HIV serostatus, sexual orientation, relationship with family members and the like. The individual's right to privacy is not only a policy of our organization, but is specifically guaranteed by statute and governmental regulations.

I will adhere to the following guidelines to ensure confidentiality:

1. At no time will I discuss any individual's information with any person not professionally affiliated with this agency or with the Louisiana Office of Public Health HIV/AIDS Program.
2. I will not discuss any matter pertaining to an individual's medical history and condition, including HIV serostatus, sexual orientation and risk for HIV transmission, with any persons unless the information is pertinent to HIV counseling and testing or related activities.

I have read, understand and agree to comply with these guidelines. I understand that intentional or involuntary violation of this policy may result in termination of my employment or volunteer services.

WARNING: Persons who reveal confidential information may be subject to legal action by the person about whom such information pertains.

Signature

Date

Note: The *Contact Information/ Individual Confidentiality Agreement Form* is to be kept in a locked/secure place at the organization.

Instructions for completing the Popular Opinion Leader (POL) Log

1. **CBO Name:** Please indicate the community based organization's name in the space provided.
2. **Trainer(s)/Popular Opinion Leader:** If you are conducting a Popular Opinion Leader Training, please indicate the name(s) of the trainers in the space provided. If you are a trained Popular Opinion Leader, then indicate your first name or the name that you wish to be referred to as.
3. **Type of activity:** Please check only ONE box; check either the POL Training Log if you are conducting a training for new popular opinion leaders or check the Popular Opinion Leader Log if the form is being filled out by an opinion leader.
4. **Incentives:** Please indicate the incentives used.
5. **First Name:** If the form is being used during a training, each individual participant must indicate a name, either fictitious or other, in the space provided. If the form is being filled out by a popular opinion leader to record encounters, the opinion leader should indicate the first name of each person that they have an HIV harm reduction/health promotion conversation with. Each row of the sheet represents an individual participant.
6. **Risk:** The Risk key on the form details the following risk behavior categories recognized by the Centers for Disease Control: MSM/IDU = Men Who Have Sex With Men/Injection Drug User; MSM = Men Who Have Sex With Men; SU = Substance User; MAR = Mother At Risk; and HRH = High Risk Heterosexual. For each individual trained and each individual that participates in an HIV harm reduction/health promotion conversation with a popular opinion leader there should be a risk noted in the appropriate box. The Centers for Disease Control would like to ensure that those at highest risk for contracting HIV are receiving HIV prevention services; therefore it is important that we demonstrate that we are targeting the HIV prevention interventions towards those at highest risk for contracting HIV.
7. **Race/Ethnicity:** The Race/Ethnicity key on the form details the following categories recognized by the Centers for Disease Control: AI = American Indian/Alaskan Native; AA = African American; API = Asian/Pacific Islander; H = Hispanic; W = White; and O = Other. Please fill in the respective race/ethnicity for each individual trained and each individual that participates in an HIV harm reduction/health promotion conversation with a popular opinion leader.
8. **Age:** Fill in the respective ages for each individual.
9. **Gender:** Fill in the self-identified gender for each individual (i.e., male, female, transgender, etc.).

10. **Location:** Fill in the location where the POL training or the HIV harm reduction/health promotion conversation with a popular opinion leader occurred.
11. **Date:** Fill in the date of the training or the date that the HIV harm reduction/health promotion conversation with a popular opinion leader occurred.
12. **# of Materials Distributed:** Please detail those materials distributed either during the POL training or during an HIV harm reduction/health promotion conversation with a popular opinion leader.

POPULAR OPINION LEADER (POL) LOG

(Please complete and submit with quarterly reports)

1. CBO Name: _____ 2. Trainer(s)/Popular Opinion Leader: _____
3. Type of activity (check ONE): ☐ POL Training Log ☐ Popular Opinion Leader Log
4. Incentives: _____

RISK	
MSM/IDU = Men Who Have Sex With Men /Injection Drug User	SU = Substance User
MSM = Men Who Have Sex With Men	MAR = Mother At Risk
	HRH = High Risk Heterosexual

RACE/ETHNICITY		
AI = Am. Indian/Alaskan Native	API = Asian/Pacific Islander	W = White
AA = African American	H = Hispanic	O = Other

First Name	Risk	Race/ Ethnicity	Age	Gender	Location	Date	# of Materials Distributed				
							Condoms	Condom Packets	Bleach Kits	Referrals	Other
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

Note: *Popular Opinion Leader Logs* should be completed and submitted with the quarterly report. It is also recommended that the organization keep a copy on file.

NOMINATION FORM

My first name: _____

My nominations for the **Popular Opinion Leader** Program
(in random order):

Person's first name and last initial (if known)	Any special thing that will help you remember who he or she is?	Who does he or she usually socialize with?	What night does he or she usually come here?

Note: *Nomination Forms* should be kept on file at the organization.

SMALL GROUP SESSIONS (SGS)

DESCRIPTION

Small Group Sessions (peer led) is a group level intervention consisting of multiple sessions using peer educators/counselors to provide HIV prevention counseling/education to fellow peers. The program must utilize an established multi-session curriculum that includes interactive activities (e.g., role-playing, group discussion, skits, etc.). Each session builds upon previous sessions with a focus on acquiring new skills including: improved communication, increased self-esteem and harm reduction/health promotion skills. This intervention can also utilize incentives to encourage participation.

A **peer leader** is an individual from the target population that is recognized by the target population as being a peer.

A **workshop** is defined as the entire curriculum that is presented over several days.

A **session** is defined as the material that is presented one particular day.

KEY ELEMENTS

- a) Review established curricula that include interactive activities (e.g., role-playing, group discussion, skits, etc.) .
- b) Choose a curriculum that focuses on skills building, including improving communication, increasing self-esteem and acquisition of harm reduction/health promotion skills.
- c) Approval of curriculum by the HIV/AIDS Program will be based on consistency of implementation at specific locations as well as norms and values of the population being targeted.
- d) Each site requires HAP approval prior to activities taking place.
- e) Recruit and train peer educators on an ongoing basis.
- f) Offer a training for peer leaders centered around group facilitation, modeling, role-play and information about the curriculum.
- g) Make referrals throughout the workshop as needed.
- h) HIV counseling and testing and STD screening may be provided on site in conjunction with a session when appropriate.
- i) Give peer leaders literature and condoms to distribute to session participants when deemed appropriate.
- j) Provide emotional support and guidance to peer leaders as needed.
- k) Obtain and distribute incentives to participants and/or peers leaders such as food, transportation, certificates, etc. Incentives may be deemed appropriate, dependent upon the target population.

PERSONNEL

- a) In order to conduct the small group session intervention, an agency is required to complete an in-house review of the 2001 CBO Contractor Guidelines, protocol and accompanying forms with the Regional Coordinator.
- b) Peer leaders are recruited from the target population and should resemble the population as much as possible in factors such as age, gender, ethnicity, sexual orientation, incarceration history, etc. Additionally, peer leaders should be suitable role models for the members of the peer group.
- c) Peer leaders are trained by CBO staff in AIDS 101, risk reduction counseling, facilitation and presentation skills, how to talk to peers about risk behaviors, how to provide appropriate referrals when deemed necessary and in the curriculum that will be implemented.

DOCUMENTATION

- a) HAP requires access to all supporting Small Group Session (SGS) documentation during technical assistance site visits.
- b) All sites must be approved prior to activities taking place. The **Site Registration Form** must be completed and submitted to the Regional Coordinator for approval.
- c) The **Small Group Session Log** (Attachment SGS-1) is to be completed by CBO staff conducting trainings and by each peer leader as documentation that they conducted a peer program workshop. The **Small Group Session Log** (Attachment SGS-1) should be completed and submitted with the quarterly report.
- d) The **Peer Leader Log** (Attachment SGS-2) is to be completed by peer leaders after conducting the program. These logs are to be turned in to the CBO and kept on file.
- e) The **Condom Monitoring Log** must be filled out as a part of this intervention, documenting the number of condoms distributed by peer leaders and SGS staff.
- f) Community Based Organizations developing and/or purchasing educational materials that are paid for with HAP prevention funds are required to submit the materials to their Regional Coordinator. All educational materials are sent to the HAP Program Review Panel for approval prior to purchase and/or distribution. This process takes a minimum of (6) weeks to complete.

EVALUATION

- a) Evaluation tools will be developed and reviewed by the HIV/AIDS Program in order to be consistent with the selected curriculum.

SITE REGISTRATION FORM

CBO Name: _____ Date: _____

Contact Person: _____

Phone: _____ Fax: _____

Type of Intervention (check the intervention that you are registering a site for):

- | | | |
|---|---|---|
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Small Group Sessions |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Venue Based Outreach | |

Populations Targeted (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Racial & Ethnic Minorities | <input type="checkbox"/> Sexually Active Females | <input type="checkbox"/> Substance Users |
| <input type="checkbox"/> Youth at High Risk | <input type="checkbox"/> Males Who Have Sex With Males | |

Type of Intervention Site/Organization (please check one):**Clinic Sites**

- ☐ Alcohol & Drug Abuse Clinic
☐ Parish Health Unit
☐ Mental Health Center
☐ Community Health Center
☐ Private Clinic
☐ Other Clinic

Specify: _____

Commercial Businesses

- ☐ Bar (Gay)
☐ Bar (Heterosexual)
☐ Beauty/Barber Shop
☐ Convenience/Grocery
☐ Liquor Store
☐ Motel/Hotel
☐ Restaurant
☐ Other Business

Specify: _____

Other Sites

- ☐ CBO
☐ Community Center
☐ Housing Development
☐ Jail/Prison
☐ School
☐ Other sites with high risk behavior (crack house, PSE, etc.)

Specify: _____

Site Registration Information (please fill out all applicable information):

Organization/Site: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Parish: _____ Region: _____

Phone: _____ Fax: _____

The HIV/AIDS Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form.

For Office Use Only

Date Received: _____ Date Sent to HAP Central Office: _____

HIV Prevention Coordinator's Initials: _____

Site Approved _____ Disapproved: _____

HIV Prevention Supervisor's Initials: _____

Instructions for completing the Small Group Sessions Log (Attachment SGS-1)

- 1) **CBO Name** - Please indicate the name of the CBO overseeing this workshop/training.
- 2) **Trainers/Peer Leaders** - If you are conducting a peer leader training, please indicate the names of the trainers in the space provided. If you are conducting a peer workshop, then indicate the name(s) of the peer leader(s) who conduct(s) the workshop.
- 3) **# of Sessions per Workshop/Training** - A **workshop** consists of your entire curriculum and may have several sessions. In this case, a **session** is defined as the material presented on any particular day. Likewise, a peer leader training may have more than one session. Please indicate the number of sessions in a complete workshop or training.
- 4) **Location** - Please indicate the specific location that you conduct your workshop. This location must be pre-approved by the Regional Coordinator using the **Site Registration Form** (Attachment SGS-2).
- 5) **Incentives** - If any incentives were used, please indicate what was used here.
- 6) **Type of activity** - Check only ONE box; either Peer Leader Training if it is a training for new peer leaders or Peer Workshop if it is a workshop/ small group session.
- 7) **Name of Curriculum** - Indicate the name of the curriculum that you are using (e.g., BART, Street Smart, etc.)
- 8) **Participant Name** - Each individual participant must indicate a name, either fictitious or other in the space provided (last names are not required). Each row of this sheet represents an individual participant. Participants must remember the name they used for follow-up evaluation purposes.
- 9) **Race/Ethnicity** - Please ask participants to indicate their race/ethnicity. A key listing the abbreviations for each race/ethnicity is provided in the upper right-hand corner of the worksheet.
- 10) **Age** - Participants fill in their ages.
- 11) **Gender** - Have participants indicate their gender (male, female, transgender).
- 12) **Session and date completed** - At the start of each session, indicate the date under the appropriate column if the participant attended that session. If the participant is not present for a particular session, then no date should appear under that session.

SMALL GROUP SESSIONS LOG

(Please complete and submit with quarterly report)

- 1) CBO Name: _____ 2) Trainer(s)/Peer Leader: _____
- 3) # Sessions per Workshop/Training: _____ 4) Location: _____
- 5) Incentives: _____
- 6) Type of activity (check ONE): ☐ Peer Leader Training
☐ Peer Workshop
- 7) Name of Curriculum: _____

RACE/ETHNICITY		
AI = Am. Indian/ Alaskan Native	API = Asian/Pacific Islander	W = White
AA = African American	H = Hispanic	O = Other

Participant Name	Race/ Ethnicity	Age	Gender	Sessions (record date completed)					
				1	2	3	4	5	6

PEER LEADER LOG

(Please complete and submit with quarterly report)

Peer Leader: _____

Location of Training: _____

CBO Name: _____ **Dates of Session:** _____

Referrals (record the number of referrals made to peers during the workshop):

<input type="checkbox"/> Drug Treatment	<input type="checkbox"/> Individual-Level Counseling	<input type="checkbox"/> STD Clinic
<input type="checkbox"/> Family Planning	<input type="checkbox"/> Job Skills	<input type="checkbox"/> Tuberculosis Clinic
<input type="checkbox"/> Group-Level Counseling	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other
		(please specify):
<input type="checkbox"/> HIV Counseling & Testing	<input type="checkbox"/> Other Medical	
<input type="checkbox"/> HIV Early Intervention	Services	_____
<input type="checkbox"/> HIV Partner Counseling	<input type="checkbox"/> Prevention Case	
& Referral	Management	

What were the high points of the training?

What could be improved?

STREET OUTREACH

DESCRIPTION

This is a community-level intervention that occurs on the street rather than at clinics or agency offices. This activity is a one-on-one contact and/or encounter with targeted persons to decrease high-risk behaviors. The interaction provides prevention messages and practical information on methods to reduce the risk of acquiring or transmitting HIV and includes the distribution of appropriate materials and information on obtaining other related services. Outreach is done in the same area by the same outreach workers on a regular basis to facilitate the building of relationships and trust in the community.

Street outreach is conducted in street settings in identified high- risk areas, including neighborhoods with high STD/HIV rates and neighborhoods in which drugs are sold.

A **contact** is defined as an event in which a street outreach worker provides minimal HIV risk information and condoms to a client.

An **encounter** is defined as an episode in which a street outreach worker has a dialogue with the client including an individual assessment and specific service delivery in response to the identified need(s) of the client(s). An encounter includes, but is not limited to, providing a condom demonstration and condoms to a client, a risk-reduction discussion, referral information, a follow-up about a referral or risk reduction plan and/or HIV education. It is the encounter that provides a more significant opportunity for helping the client initiate and sustain behavior change.

KEY ELEMENTS

- a) Street outreach **contacts** occur in areas that have been specifically identified in the Regional HIV Prevention Implementation Plans as having high rates of HIV and other STDs.
- b) Street outreach **encounters** target high-risk individuals specifically identified in the Regional HIV Prevention Implementation Plans, as outlined in the agency's contract, from specified target populations: Racial and Ethnic Minorities, Sexually Active Females, Men Who Have Sex With Men, Youth and Substance Users.
- c) Street outreach is conducted in teams. Each team member is required to be certified by the HIV/AIDS Program. Copies of the certificates must be kept in the staff /volunteer file. Teams are required to follow safety procedures as outlined in this section.
- d) Teams should work with local pharmacists to facilitate the selling of clean needles without a prescription. Coupons for clean needles and/or pharmacy referrals should be included in outreach packages.
- e) Referrals for STD, HIV, substance abuse treatment and HIV counseling and testing services should be provided to encounters when applicable.

- f) It is recommended that mobile counseling and testing be offered in the same areas/neighborhoods where an agency conducts street outreach activities. However, an outreach worker while actively conducting outreach cannot conduct HIV testing or give HIV test results.
- g) The following items are recommended for street outreach packages: 4-6 male condoms, a "How to Use a Condom" brochure, risk reduction literature, small print media, and referral cards. HAP-issued female condoms and lubrication cannot be included in standard outreach packs. Please see the Female Condom and Lube Protocol for more information about the distribution requirements for these items.

FEMALE CONDOM AND LUBE AVAILABILITY PROTOCOL

Target Populations For Distribution:

- People with HIV/AIDS
- Men who have sex with men
- Females at highest risk
 - IV drug users
 - Commercial sex workers
 - Women with a repeat history of STD infection
 - Women having sex with an IV drug users(s) or a HIV positive partner(s)

Ordering Female Condoms and Lube:

CBOs will be eligible to order up to a pre-determined limit. This limit is determined by HAP and considers the organization's current contract objectives, past use and achievement of past objectives. Orders will be placed on the **Condom Marketing Supplies Order Form** that is submitted bi-monthly to the Regional Coordinator. All orders are subject to managerial review based on need and availability of funding.

Female Condom and Lube Distribution:

Female condoms and lube are to be distributed by the CBO only during a one-on-one interaction with an individual from the above listed target populations.

Lube will be distributed (3) to a pack. A demonstration of how to use the female condom is required for every client who receives female condoms for the first time. Resources are available from Reality and HAP to assist in demonstrations.

PERSONNEL

- a) In order to conduct outreach activities, an outreach worker is required to complete the HAP two-and-a-half-day Outreach Training and an Outreach Practicum. If a training is not available at the time a new outreach worker is hired, the following is acceptable supplemental training: an in-house review of the Outreach Training Manual, review of the agency's protocol and field training with a certified street outreach worker, developed in collaboration with the Regional Coordinator.

- b) Outreach workers should be comfortable in speaking about sexual and substance use behaviors and specific strategies for HIV risk reduction. Prevention messages are to be nonjudgmental, sensitive and culturally appropriate to target population(s).
- c) Street outreach will account for the major part of an outreach worker's activities and will occur during non-traditional hours (e.g., afternoons after 3:00 p.m., evenings, weekends). Written justification must be provided for outreach activities taking place before 11:00 a.m.

DOCUMENTATION

- a) Outreach workers are to complete the **Street Outreach Daily Activity Log** at the conclusion of each day to reflect activities of outreach.
- b) The HAP Regional Coordinator will be conducting Client Intercept Interviews two times a year as a part of quality assurance.
- c) All sites are required to be registered using the Site Registration form prior to outreach taking place.
- d) Outreach workers are to complete the **Street Outreach Site Log** at the conclusion of each day to reflect activities of outreach. Logs are to be submitted to the Regional Coordinator.

EVALUATION

Street Outreach Surveys (See Protocol SO-1 & Survey SO-1)

Twenty-five (25) surveys per outreach site are to be completed on a quarterly basis in three (3) neighborhoods, for a total of 300 surveys per year. Surveys are due on April 15th, July 15th, October 15th and January 15th. Surveys should be turned in to your Regional Coordinator as soon as a site requirement is complete. Survey sites should remain the same from year to year for consistent data collection. The data included in the surveys are necessary in order to report behavior changes to the CDC and to evaluate the effectiveness of outreach activities.

Protocol for Collecting Street Outreach Surveys by Community Based Organizations

Sites

- Surveys are to be collected from three (3) neighborhoods in which Street Outreach activities are actively taking place. Pick the busiest store front or street corner in each neighborhood. Surveys should be collected within one to two (1-2) blocks of the store front or street corner.
- Sites are to be identified by a neighborhood name (e.g., Fauberg Marigny) and the primary location where the surveys are collected (e.g., Franklin Avenue and Royal Street). Each site will be given a site number by HAP, which will be used every time surveys are collected at that site and which is to be written on the top of each form.
- The same three (3) sites must be surveyed each quarter. If a survey site needs to be changed, the CBO should contact their Regional Prevention Coordinator for approval.

Sample Size

- Street outreach teams are required to complete at least twenty-five (25) surveys at each site, for a total of seventy-five (75) surveys each quarter (300 surveys each year).

Procedures

- Surveys must be collected between 3:00 p.m. and 8:00 p.m. on the same day of the week each quarter. (For example, if a CBO surveys Site 1 on a Monday from 4:00 - 6:00 p.m. during the 1st quarter, they should return to Site 1 on a Monday at the same time during the 2nd quarter.)
- Condom distribution and outreach are not to occur prior to or during the administration of the surveys. If a CBO feels strongly that outreach/condom distribution should occur on a survey day, they can specify a place where condoms can be available after the surveys are completed.
- The forms must be self-administered (i.e., persons should read the questions themselves and mark their own forms).
- If a person is unable to read or is unwilling to complete the survey himself, staff may switch to a face-to-face interview format and read the questions to the respondent.
- The surveyor should enter his/her initials in the "Interviewer" space at the top of the survey form on all surveys that are NOT self-administered. INITIALS SHOULD ONLY APPEAR ON FORMS THAT STAFF COMPLETE FOR CLIENTS.
- Survey forms should be self-administered for the following reasons:
 - 1) People are usually more likely to report risk behavior on self-administered surveys than in face-to-face interviews;
 - 2) It eliminates any bias that might be introduced by an interviewer in the phrasing or tone of the question; and
 - 3) It takes less staff time to collect the surveys.
- The CBO staff are to complete the top line (date, CBO, site and quarter the survey was completed) and allow the surveyed persons to complete the remaining questions.

- Respondents should be handed a pen and a clipboard with the survey form clipped to it and asked to complete the survey by themselves. When respondents are finished filling out the form, they are to drop the form into a box or envelope that the CBO supplies in order to ensure confidentiality.
- Survey staff must record all refusals on the **Street Outreach Survey - Refusal Log**. They should enter a mark (" | ") in the space on the form for each person who refused to complete a survey form. At the completion of survey administration, the marks are to be counted and entered in the total column, with separate totals for males and females. A separate refusal log form is to be completed for each date that a site is visited.

Persons to Approach

- Every person at the site chosen must be approached. This includes persons “hanging out” in the area and persons walking by. If the site is extremely busy and the staff conducting the survey do not have time to approach every person, they may choose a systematic pattern to approach a representative proportion of the persons at the site. For example, they may choose to approach every second person walking by.
- Do not preferentially approach persons that you think might be more willing to answer the questions. Persons who appear difficult to speak to should be as likely to be approached as those who appear easy to speak to.

Explanation of Survey

- When approaching people to complete the surveys, introduce yourself and the agency that you represent. Then inform the individual that the CBO is trying to prevent the spread of HIV/AIDS to people in the community, and to do a better job the CBO needs information from persons in the community. Potential respondents can be asked, “Would you be willing to take a few minutes to complete a short, anonymous survey,” or something similar. They are to be told that there are no names on the survey and that it will be used for statistical purposes to determine the best way to get the message out. Persons approached are to be encouraged to complete the survey if they are initially reluctant, but if they strongly refuse, staff may skip them and move on to the next person.

Survey Form

- HAP has provided a simple standard survey form for CBOs doing street outreach. CBOs must not change the format or coding of the survey forms, since they are designed to be compared to other areas in the state over time. If the CBO wishes to add additional questions or information, they may do so. Keep in mind, however, that our goal is to keep the survey short and simple. If questions are added, they should be added to the end.

Data Entry and Analysis

- HAP will conduct the data entry and analysis of completed surveys. CBOs are to send the original completed surveys to their Regional Prevention Coordinator no later than the last day of the quarter and should keep a copy of each survey form. Analysis will be conducted by HAP and results will be provided to the CBOs in the form of a quarterly summary report to be mailed after the end of the quarter.
- Based on the survey analysis and results, the Regional Prevention Coordinator and/or CBO Program Director may be asked to observe street outreach survey collection and offer technical assistance to the outreach worker(s).

Street Outreach Survey - Refusal Log

CBO: _____

Site Name: _____

Date: _____

Please record the number of persons who refused to complete a survey form:

	Enter a " " in this space for each person who refused to complete a survey	Total Number of Refusals:
Males		
Females		

Comments: (i.e. Why did people refuse? Were there any unusual situations that occurred during the survey administration? Any other feedback?)

This form should be submitted to your Regional Prevention Coordinator with the completed surveys. Thank you!

v. 1/1/01

Street Outreach Daily Activity Log

CBO Name: _____ Date: _____

Participating Staff/Volunteers: _____

Location: _____ Time (Start & End): _____

Back-up Location/Plan: _____

Briefing

Comments:

Debriefing

Comments:

	# Materials Distributed
Female Condoms	
Male Condoms	
Lube	
Educational Materials	
Safer Sex Kits	

Total # of Contacts (including encounters): _____ **Total # of Encounters:** _____

Encounters			
Target Population	Total #	Referral # & Type	Please describe the encounter, including special needs, anticipated follow-up, etc.
1. Racial & Ethnic Minorities			
2. Sexually Active Females			
3. Males Who Have Sex with Males			
4. Youth at High Risk			
5. Substance Users			

Note: Street Outreach Daily Activity Logs should be kept on file at the organization.

Organization: _____
Street Outreach Client Intercept Interview Form

Date: _____ Site: _____

Interviewer: _____

=====

1. Do you know the outreach worker's name and/or the organization represented?
I yes _____ I no _____
2. When was the last time you talked to him/her? _____
3. What did you and the outreach worker talk about? _____

4. What kind of materials did the outreach worker give you? _____

5. What kind of demonstrations or pictures did the outreach worker show you?

6. What questions did the outreach worker ask you about sex partners and/or drug use?

7. What questions did you ask the outreach worker?

8. What was the most important thing you learned from talking to the outreach worker?

9. What additional materials/information would you like?

NOTE: Client Intercept Interviews will be conducted by the HAP Regional Coordinator.

Organization: _____

Street Outreach Site Log

(Please complete one section per site per quarter and submit with quarterly reports.)

Site: _____

City: _____

Zip code: _____

Date	Time (start & end)	Staff and volunteers	Total # of contacts

Site: _____

City: _____

Zip code: _____

Date	Time (start & end)	Staff and volunteers	Total # of contacts

SITE REGISTRATION FORM

CBO Name: _____ Date: _____

Contact Person: _____

Phone: _____ Fax: _____

Type of Intervention (check the intervention that you are registering a site for):

- | | | |
|---|---|---|
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Small Group Sessions |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Venue Based Outreach | |

Populations Targeted (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Racial & Ethnic Minorities | <input type="checkbox"/> Sexually Active Females | <input type="checkbox"/> Substance Users |
| <input type="checkbox"/> Youth at High Risk | <input type="checkbox"/> Males Who Have Sex With Males | |

Type of Intervention Site/Organization (please check one):**Clinic Sites**

- ☐ Alcohol & Drug Abuse Clinic
☐ Parish Health Unit
☐ Mental Health Center
☐ Community Health Center
☐ Private Clinic
☐ Other Clinic

Specify: _____

Commercial Businesses

- ☐ Bar (Gay)
☐ Bar (Heterosexual)
☐ Beauty/Barber Shop
☐ Convenience/Grocery
☐ Liquor Store
☐ Motel/Hotel
☐ Restaurant
☐ Other Business

Specify: _____

Other Sites

- ☐ CBO
☐ Community Center
☐ Housing Development
☐ Jail/Prison
☐ School
☐ Other sites with high risk behavior (crack house, PSE, etc.)

Specify: _____

Site Registration Information (please fill out all applicable information):

Organization/Site: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Parish: _____ Region: _____

Phone: _____ Fax: _____

The HIV/AIDS Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form.

For Office Use Only

Date Received: _____ Date Sent to HAP Central Office: _____

HIV Prevention Coordinator's Initials: _____

Site Approved _____ Disapproved: _____

HIV Prevention Supervisor's Initials: _____

Street Outreach Safety Protocol

The Office of Public Health – HIV/AIDS Program **requires** all paid staff and volunteers conducting contracted outreach activities to adhere to the following procedures:

DO:

- Carry identification at all times (preferably making it visible).
- Disseminate correct information.
- Stay client centered (within the limits of your role).
- Know where your teammate is at all times.
- Maintain eye contact with team member(s).
- Maintain confidentiality.
- Keep your supervisor advised of whereabouts.
- Consult your supervisor about difficult situations.
- Maintain relations with local police.
- Know the limits of your job.
- Make appropriate referrals.
- Offer reasonable assistance when it is requested.
- Avoid debate and escalating controversy.
- Always be courteous.
- Leave the area immediately if there appears to be any potential for violence.
- Leave the area immediately if a member of the team feels uncomfortable.
- Have a back-up plan, an emergency plan and/or escape plan.
- Work in teams of two or more during street outreach activities.
- Dress in job related clothing.

Street Outreach Safety Protocol

The Office of Public Health – HIV/AIDS Program **requires** all paid staff and volunteers conducting contracted outreach activities to adhere to the following safety protocols:

DON'T:

- Participate in illegal activities.
- Drink alcohol while on the job.
- Argue with a teammate or a client.
- Carry weapons.
- Give money or gifts to clients.
- Knock on doors.
- Enter a private residence.
- Drive clients in your car.
- Distribute outreach materials to clients in their cars.
- Distribute materials while seated in a car.
- Enter shooting galleries or crack houses during outreach activities.
- Bring media into an area without permission from a community member.
- Buy or receive drugs.
- Buy or receive property from a client.
- Buy or receive sexual favors from a client.
- Linger with anyone who is carrying drugs.
- Eat/smoke while distributing outreach materials.
- Wear jewelry/clothes/makeup that stands out.

VENUE BASED OUTREACH (VBO)

DESCRIPTION

Venue Based Outreach is a multi-strategy education program targeting high-risk persons in a particular venue to increase health-promoting behaviors and to decrease high-risk behaviors. Venue Based Outreach (VBO) should include as one of its strategies an environmental activity. Some environmental activities include, but are not limited to, putting up posters or publicity incorporating harm reduction/health promotion messages that were developed with the help of populations at high-risk or offering health promoting STD and HIV counseling and testing in order to promote health seeking behaviors at the venue. This intervention should incorporate activities that address social norms and structural factors. VBO may include a combination of face-to-face, small group and large group interactions. While Venue Based Outreach seeks to increase health-promoting behaviors and decrease high-risk behaviors, the activities should respect the venue's operating conditions and contribute to its spirit.

An **environmental intervention** focuses on enabling behavior change to occur by supporting healthy behavior or removing barriers that prevent healthy behavior. An environmental intervention can also create barriers or constraints to prevent risk-taking behavior. This intervention directly alters the physical environments in which people live, work, play, have sex and use alcohol &/or drugs.

An **environmental cue to action** is defined as those things in a particular environment that prompt, trigger or support healthy behavior and/or risk taking behavior (e.g., lighting, trash, media, etc.).

Physical environments are the spaces in and around a particular venue.

Social environments include the atmosphere, activities and group conversations or interactions that take place in and around a particular venue.

A **social norm** is defined as an unwritten rule of behavior. Norms play an important part in defining acceptable behavior among a specific social network.

A **structural intervention** aims at modifying the social, economic and political structures and systems in which we live. These activities may affect legislation, media, health care and the market place (e.g., legalizing needle exchange, a clinic offering health care to illegal immigrants, etc.).

KEY ELEMENTS

- a) Identify venues where persons at highest risk for HIV engage in risky activities and/or socialize.
- b) Conduct the intervention during hours when target population(s) are most accessible.
- c) Include multiple activities (e.g., condom blitzes, safer sex parties, POL, Small Group Sessions (Peer-Led) and/or posters and other environmental items).
- d) Individuals who are members of the target audience should primarily develop and perform activities.
- e) Include at least one environmental activity.
- f) Respect the operating conditions and contribute to the spirit of the venue/event.
- g) Include a combination of face-to-face, small group and large group interactions.
- h) Make referrals for free condoms; STD, HIV and Substance Abuse Treatment; HIV Counseling, Testing and Referral; STD Screening and Treatment; needle availability and/or pharmacies which sell needles; and other appropriate referrals.

STEPS

Pre-Implementation

- a) Identify appropriate sites, which may include but are not limited to gay bars, public sex environments, barber shops, etc.
- b) Describe the intervention to the site owner(s), staff and local “gatekeepers.”
- c) Complete the **Site Registration Form** (Attachment 1) detailing the type of venue, the target populations primarily being targeted, the name of a contact person and the venue’s address and phone number.
- d) Complete a map detailing the physical space and social environment at each venue.
- e) Complete the **Venue Based Outreach ENVIRONMENT SURVEY** (Attachment VBO-1) to assess the demographics of patrons/individuals and to identify environmental cues to action at each venue.
- f) Submit the **Site Registration Form, Venue Based Outreach ENVIRONMENT SURVEY** and site map to the Regional Coordinator for site approval.
- g) Define an HIV prevention focus, objectives and goals for each venue and submit an outline to the Regional Coordinator. The focus should pinpoint the behaviors, social norms and environmental cues to action that are being targeted by this intervention.
- h) Submit a list of proposed HIV prevention activities, which will directly support the focus, objectives and goals to the Regional Coordinator.

- i) Develop a few behavior change and/or social norm questions that directly correlate to the focus and objectives selected for each site. The behavior change and/or social norm questions will be included on the **Intervention Survey**.
- j) Administer the **Intervention Survey** to collect baseline demographic, risk behavior and social norm information from community members at each intervention site.

Implementation

- k) Conduct the HIV prevention activities that have been developed for each venue based outreach site.
- l) Administer the **Intervention Survey** two (2) times a year.

PERSONNEL

- a) In order to conduct the Venue Based Outreach intervention, an agency is required to complete an in-house review of the 2001 CBO Contractor Guidelines, protocol and accompanying forms with the Regional Coordinator.
- b) Members of the target population should be recruited to help develop and implement activities that are appropriate for the venue and target population. These individuals should reflect the population as much as possible in factors such as age, gender, ethnicity, sexual orientation, incarceration history, etc.
- c) Venue Based Outreach involves multiple interventions, and staff should therefore receive training in the interventions being considered for each venue. The possible trainings include but are not limited to:
 - 1) HAP Outreach Training
 - 2) HAP HIV Prevention Counseling, Testing & Referral Training
 - 3) HIV/AIDS 101 Self Study
 - 4) Harm Reduction Training
 - 5) STD Training
- d) VBO staff will engage in activities that will frequently occur during non-traditional hours (e.g., afternoons after 3:00 p.m., evenings and weekends).
- e) VBO staff should be comfortable in speaking about sexual and substance use behaviors and specific strategies for HIV risk reduction. Prevention messages are to be sensitive and culturally appropriate to the target population(s).
- f) Volunteers can be used to implement activities and should receive the same required training as staff.

DOCUMENTATION

- a) HAP requires access to all supporting POL documentation during technical assistance site visits.
- b) The **Site Registration Form** (Attachment 1) should be completed prior to the intervention taking place and submitted to the Regional Coordinator for approval.
- c) The **Venue Based Outreach ENVIRONMENT SURVEY** (Attachment VBO-1) should be completed prior to the intervention taking place and twice a year thereafter. This form should be submitted to the Regional Coordinator and made available upon request.
- d) The **Condom Monitoring Log** needs to be filled out if the distribution of condoms is a part of this intervention, and it should detail the number of condoms distributed by VBO staff.
- e) A map detailing the physical space and social environment at each venue will need to be drawn and submitted to the Regional Coordinator prior to the intervention taking place. Staff will receive technical assistance on how to map each venue for the purpose of conducting VBO.
- f) The **Venue Based Outreach LOG** (Attachment VBO-2) needs to be filled out at the conclusion of each day to reflect all VBO activities that were completed. The **Venue Based Outreach LOG** (Attachment VBO-2) needs to be submitted with the quarterly report.
- g) Community Based Organizations developing or purchasing materials that are paid for with HAP prevention funds are required to submit the materials to the Regional Coordinator. All materials are sent to the HAP Program Review Panel for approval prior to purchase and/or distribution. This process takes a minimum of (6) weeks to complete.

EVALUATION

- a) Prior to conducting the intervention collect baseline surveys, which include questions about demographic information, perceptions about social norms and information about risky behavior over the last two months:
 - 1) Additional questions will need to be developed to look at your project's specific focus.
 - 2) At each intervention site, the goal is to have 80% of individuals that frequent the sites complete a survey.
 - 3) The site should be surveyed during a time when it receives the most traffic/activity.
 - 4) The following information should also be collected when **Intervention Surveys** are administered:
 - Date.
 - Start and ending time that surveys were administered.
 - Number of refusals that surveyors encountered.
 - Total number of individuals present at the intervention site.

- b) The **Intervention Survey** should be administered to clientele at the intervention site two (2) times per year:
- 1) The number of surveys administered following the initial baseline survey collection will be a sample of the population.
 - 2) Surveys are due on April 15th and October 15th.
 - 3) Surveys should be turned in to your Regional Coordinator as soon as a site requirement is complete.

Site Registration Form

CBO Name: _____ Date: ____ / ____ / ____

Contact Person: _____

Phone: _____ Fax: _____

Type of Intervention (check the intervention that you are registering a site for):

- | | | |
|---|---|---|
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Small Group Sessions |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Venue Based Outreach | |

Populations Targeted (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Racial & Ethnic Minorities | <input type="checkbox"/> Sexually Active Females | <input type="checkbox"/> Substance Users |
| <input type="checkbox"/> Youth at High Risk | <input type="checkbox"/> Males Who Have Sex With Males | |

Type of Organization/Site (please check one):**Clinic Sites**

- ☐ Alcohol & Drug Abuse Clinic
☐ Parish Health Unit
☐ Mental Health Center
☐ Community Health Center
☐ Private Clinic
☐ Other Clinic

Specify: _____

Commercial Businesses

- ☐ Bar (Gay)
☐ Bar (Heterosexual)
☐ Beauty/Barber Shop
☐ Convenience/Grocery
☐ Liquor Store
☐ Motel/Hotel
☐ Restaurant
☐ Other Business

Specify: _____

Other Sites

- ☐ CBO
☐ Community Center
☐ Housing Development
☐ Jail/Prison
☐ School
☐ Other sites with high risk behavior (crack house, PSE, etc.)

Specify: _____

Site Registration Information (please fill out all applicable information):

Organization/Site: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Parish: _____ Region: _____

Phone: _____ Fax: _____

The HIV/AIDS Program, prior to the intervention taking place, must approve all sites.**Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas.****Please allow two (2) weeks time to process this form.**

For Office Use Only

Date Received: _____

Date Sent to HAP Central Office: _____

HIV Prevention Coordinator's Initials: _____

Site Approved _____ Disapproved: _____

HIV Prevention Supervisor's Initials: _____

Instructions for Completing the Venue Based Outreach ENVIRONMENT SURVEY

CBO Name: Please indicate the community based organization's name in the space provided.

Name: Indicate the person from the community based organization that completed the survey.

Date: Fill in the date that the venue was visited and the survey completed.

Time: Please fill in the time that the venue was visited and circle either a.m. or p.m.

Day: Please circle the abbreviation corresponding to the day that the venue was visited. M = Monday, T = Tuesday, W = Wednesday, Th = Thursday, F = Friday, Sa = Saturday, Su = Sunday.

- 1. Number of People observed at site:** Please check the box that corresponds to the average number of people that were present during the time that the venue was visited.
- 2. Gender Mix:** Please insert the estimated percentage of males, females and transgender individuals at the venue.
- 3. Age of Patrons:** Please insert the estimated percentage of patrons under 20 years old, patrons 20-29 years old and patrons 30 years old and older.
- 4. Ethnic Mix:** Please insert the estimated percentage of African-American, white and other individuals at the venue.
- 5. Sexual Orientation:** Please insert the estimated percentage of bisexual, heterosexual, homosexual and unknown individuals at the venue.
- 6. Type of HIV risk activity observed or highly suspected at the venue (*check all that apply*):** Indicate whether high risk activity is taking place at the site by checking the box beside the risk behavior that you have observed directly or believe to be occurring at the site.
- 7. Does a street outreach worker serve the area?** Please indicate whether to the best of your knowledge a street outreach team is working in the area surrounding the venue.
- 8. Is the venue a business that sells alcohol?** Please indicate whether the venue is legally/illegally selling alcohol to patrons.

9. **If sexual activity is suspected:** Answer the following questions only if sexual activity has been observed or is suspected at the site. Check the box corresponding to the correct answer, either yes or no, for each of the following questions.
- 9 A. **Are condom promotional signs visible?**
 - 9 B. **Are free condoms available at the venue?**
 - 9 C. **Are for sale condoms available at the venue?**
 - 9 D. **Are free condoms available in the neighborhood?**
 - 9 E. **Are signs or posters referring people to other services visible at the venue?**
10. **If IDU activity is suspected:** Answer the following questions only if IDU activity has been observed or is suspected at the site. Check the box corresponding to the correct answer, either yes or no, for each of the following questions.
- 10 A. **Are bleach kits available at the venue?**
 - 10 B. **Are bleach kits available in the neighborhood?**
 - 10 C. **Is there a needle exchange program in the neighborhood?**
 - 10 D. **Will a pharmacy in the neighborhood sell clean needles to IDUs?**

Environmental Cues to Action = are defined as those physical things in a particular environment that prompt, trigger or support healthy and risk taking behavior. Several environmental cues are generalizeable to most venues, including lighting, media, garbage/trash. Other environmental cues are specific to certain venues, like blighted housing in the surrounding area, police presence, etc.

11. **Lighting – Describe:** Please describe the type of lighting at the venue in the space provided. Additionally, rate the lighting on a scale from 1-5, one (1) being highly promotes/supports healthy behavior and five (5) being highly promotes/supports risk taking behavior. Circle the rating that best applies.
12. **Media– Describe:** Please describe the type of media at the venue in the space provided. Additionally, rate the media on a scale from 1-5, one (1) being highly promotes/supports healthy behavior and five (5) being highly promotes/supports risk taking behavior. Circle the rating that best applies.
13. **Trash– Describe:** Please describe the trash littering the floor and immediately outside of the venue in the space provided. Additionally, rate the trash on a scale from 1-5, one (1) being highly promotes/supports healthy behavior and five (5) being highly promotes/supports risk taking behavior. Circle the rating that best applies.

14., 15., 16._____ – **Describe:** Please insert the environmental cue specific to that venue in the space provided. Additionally, rate the environmental cue on a scale from 1-5, one (1) being highly promotes/supports healthy behavior and five (5) being highly promotes/supports risk taking behavior. Circle the rating that best applies.

VENUE BASED OUTREACH ENVIRONMENT SURVEY

CBO Name: _____ Date: _____

Name: _____

Time: _____ am/pm (circle one) Day: M Tu W Th F Sa Su

Name of Venue: _____

1. Number of people observed at site: ☐ None ☐ Less than 15 ☐ 16-30 ☐ More than 30

2. Gender Mix: Male _____% Female _____% Transgender _____%

3. Age of Patrons: Under 20 yrs. old _____% 20-29 yrs. old _____% 30 yrs. or older _____%

4. Racial/Ethnic Mix:

African-American _____% White _____% Other _____% Other _____%

5. Sexual Orientation:

Bisexual _____% Heterosexual _____% Homosexual _____% Unknown _____%

6. Type of HIV risk activity observed or highly suspected at the venue (check all that apply):

☐ Needle Sharing ☐ Sex for drugs & /or Money ☐ Unprotected Sex ☐ Drug Use ☐ None ☐ Other _____7. Does a street outreach worker serve the area? ☐ Yes ☐ No ☐ Don't Know8. Is the venue a business that sells alcohol? ☐ Yes ☐ No ☐ Don't Know

9. If sexual activity is suspected:

9 A. Are condom promotion signs visible? ☐ Yes ☐ No ☐ Don't Know

9 B. Are free condoms available at the venue? ☐ Yes ☐ No ☐ Don't Know

9 C. Are for sale condoms available at the venue? ☐ Yes ☐ No ☐ Don't Know

9 D. Are free condoms available in the neighborhood? ☐ Yes ☐ No ☐ Don't Know

9 E. Are signs or posters referring people to other services visible at the venue? ☐ Yes ☐ No ☐ Don't Know

10. If IDU activity is suspected:

10 A. Are bleach kits available at the venue? ☐ Yes ☐ No ☐ Don't Know

10 B. Are bleach kits available in the neighborhood? ☐ Yes ☐ No ☐ Don't Know

10 C. Is there a needle exchange program in the neighborhood? ☐ Yes ☐ No ☐ Don't Know

10 D. Will a pharmacy in the neighborhood sell clean needles to IDUs? ☐ Yes ☐ No ☐ Don't Know

Environmental Cues to Action – Instructions: circle the number that best applies

1 = Highly Supports Healthy Behavior
2 = Somewhat Supports Healthy Behavior
3 = Neutral

4 = Somewhat Supports Risk Taking Behavior
5 = Highly Supports Risk Taking Behavior

11. **LIGHTING** – Describe: _____

1 2 3 4 5

Healthy Behavior Risky Behavior

12. **MEDIA** – Describe: _____

1 2 3 4 5

Healthy Behavior Risky Behavior

13. **TRASH** – Describe: _____

1 2 3 4 5

Healthy Behavior Risky Behavior

14. _____ – Describe: _____

1 2 3 4 5

Healthy Behavior Risky Behavior

15. _____ – Describe: _____

1 2 3 4 5

Healthy Behavior Risky Behavior

16. _____ – Describe: _____

1 2 3 4 5

Healthy Behavior Risky Behavior

Venue Based Outreach Log

(Please complete one section per venue per quarter and submit with quarterly reports.)

CBO: _____

Venue: _____

Zip code: _____

Date	Time (start & end)	Staff and volunteers	Activity(ies)	Total # of contacts

Venue: _____

Zip code: _____

Date	Time (start & end)	Staff and volunteers	Activity(ies)	Total # of contacts

RESOURCE DIRECTORY

The Resource Directory contains the following sections:

- HIV/AIDS Program Directory
- Regional STD Staff Directory
- Regional Office of Addictive Disorders (OAD) Directory
- Regional Mental Health Center (MHC) Directory
- Map of Prevention Activities
- 2001 HAP Funded Community Based Organizations
- HAP Resource Library
- HAP Training Opportunities
- Additional Training Resources
- Hotline Numbers
- Websites
- Glossary

HIV/AIDS PROGRAM DIRECTORY

ADMINISTRATIVE STAFF

Administrative Director, HAP

Beth Scalco, MSW, BCSW - 504-568-7474

HIV/AIDS Surveillance Coordinator

Stephanie Broyles, MPH - 504-568-8475

FINANCIAL OPERATIONS STAFF

Financial Operations Manager

Tsegaye Assefa, MBA - 504-568-7522

Operations Coordinator

Chun Wei Kang - 504-568-8497

Assistant Business Manager

D'Ann McGary - 504-568-7478

Contract/Invoice Specialist

Arlette Armour - 504-556-9857

PREVENTION STAFF

HIV Prevention Program Manager

Daphne LeSage - 504-568-7524

Regions II & III Coordinator

Vedora Parker - 225-925-4830

Supervisor

(Orleans, Regions 1, 2, 3 and 9)

Jack Carrel, MPH - 504-568-5224

Region IV Coordinator

Michele Curry, MPH - 337-262-1640

Supervisor

(Regions 5, 6, 7 and 8)

Lisa Longfellow, MPH, CHES - 504-568-5450

Region V Coordinator

William Mayo - 337-491-2748

Training Coordinator, Supervisor

(Region 4)

Nicole Hundley - 337-262-5609

Region VI Coordinator

Bill Hebert - 318-487-5262

Community Planning Coordinator

Laurie Gavilo, MPH - 504-568-5489

Region VII Coordinator

Iberia Watley - 318-676-7487

Orleans Coordinator

Jacquelyn Bickham - 504-568-7047

Region VIII Coordinator

Susan Wible - 318-362-4214

Regions I & IX Coordinator

Jamie Segura - 504-871-1323

SERVICES STAFF

Services Manager

Kira Radtke, MPH - 504-599-1306

ADAP Data Entry

Veronica Brown - 504-568-7042

ADAP Coordinator

Gayle Franklin - 504-556-9843

Home-Based Health Care & HICP Coordinator

Vacant - 504-568-3309

Housing Coordinator

Vacant - 504-568-7474

Perinatal Coordinator

Amy Zapata, MPH - 504-556-9842

SPECIAL PROJECTS STAFF

Public Relations Specialist

Andie Lee – 504-568-5512

Resource Librarian

Prenellia Thompson - 504-568-7525

1600 CANAL STREET STAFF

Evaluation Coordinator

Deborah Cohen, MD, MPH - 504-568-7467

Project Coordinator

Bridget Brooks - 504-680-9457

Secretary

Phyllis House - 504-680-9450

Evaluation Coordinator

Lisa Koralewicz, MPH - 504-680-9450

STD STAFF

STD Program Manager

Jim Scioneaux - 504-568-5275

STD Surveillance Coordinator

Joy Ewell - 504-568-5509

SUPPORT SERVICES STAFF

Office Manager

Louise Bellazer - 504-568-5448

Services/Prevention Secretary

Cynthia Daniels - 504-568-7474

Administrative Secretary

Lynn Riley - 504-568-7045

Administrative Assistant

Irvin Simon - 504-568-7043

SURVEILLANCE STAFF

Perinatal Epidemiologist

Sharmin Alam – 504-568-5390

Seroincidence Data Manager

Alison Aucoin, MPH - 504-599-0497

Computer Technician

Joseph Foxhood – 504-568-5537

Surveillance Data Manager

Chuck Fulda - 504-568-5758

Lab Surveillance Coordinator

Greg Gaines, PhD - 504-680-9398

CT Date Entry

Jocelyn Harris - 504-568-5419

Surveillance Epidemiologist

James Hubbard - 504-568-5453

Epidemiologist

Mona Mehta - 504-568-5200

Surveillance Epidemiologist

Gale Melvin, LPN - 504-568-5537

CT Data Manager

Chiquita Francis - 504-568-5427

CT Data Entry

Josette Russell-Gibbs - 504-568-5129

Epidemiologist

Betsy Thompson – 504-568-7525

Data Mgmnt Coordinator/Epidemiologist

Danell Watkins, MSPH - 504-599-0496

Serosurveillance Coordinator

Debbie Wendell, MPH - 504-568-5504

Surveillance Epidemiologist

Cheryl Wheeler, MPH - 504-568-7526

Surveillance Secretary

Brenda Wilson - 504-568-5131

REGIONAL STD STAFF DIRECTORY

Central Office - New Orleans
P.O. Box 60630
New Orleans, LA 70160
504-568-5275
Fax - 504-568-5279
State Information - 800-252-7777
Contact - Jim Scioneaux

Delgado STD Clinic
517 N. Rampart Street
New Orleans, LA 70112
504-565-7700
Fax - 504-599-1051
Contact - Dennis Dorst

Region I
1001 Howard Avenue, Suite 100A
New Orleans, LA 70113
504-599-0117
Fax - 504-599-0200
Contact - Jim Rigol

Region II - Capitol, Baton Rouge
1427 Main Street
Baton Rouge, LA 70802
225-342-1799
Fax - 225-342-9886
Contact - John Thilges

Region III - Houma/Thibodaux/Raceland
206 E. Third
Thibodaux, LA 70301
504-447-0916
Fax - 504-447-0920
Contact - Thomas Shavor

Region IV - Acadia/Lafayette
2100 Jefferson Street, Bldg C, Suite 213
Lafayette, LA 70501
337-262-1262 Fax - 337-262-1270
Contact - Glenn Viltz

Region V - Southwest/Lake Charles
4240 Senator J. Bennett Johnson Avenue
Lake Charles, LA 70615
337-491-2047
Fax - 337-491-2995
Contact - Jim Fusilier

Region VI - Central/Alexandria
P.O. Box 8199
Alexandria, LA 71306
318-487-5279
Fax - 318-487-5338
Contact - Gary Gresham

Region VII - Northwest/Shreveport
1031 Creswell
Shreveport, LA 71101
318-676-5403
Fax - 318-676-5410
Contact - Dennis Dans

Region VIII - Northeast/Monroe
2913 Betin Street
Monroe, LA 71201
318-362-3368
Fax - 318-362-5234
Contact - Neil Nethery

Region IX - Mandeville
21454 Koop Drive, Suite 1C
Mandeville, LA 70471
504-871-1300
Fax - 504-871-1334
Contact - Evangeline Tomlin

REGIONAL OFFICE OF ADDICTIVE DISORDERS
CLINIC (OAD) DIRECTORY

Region I - New Orleans
2025 Canal Street
New Orleans, LA 70112
504-568-7493
Fax - 504-568-7954

Regional Manager - Dewain Belgard

Region II - Baton Rouge
4615 Government Street, Bldg. A
Baton Rouge, LA 70806
225-922-0050
Fax - 225-922-0068

Regional Manager - Mike Steinkamp

Region III - Terrebonne
521 Legion Avenue
Houma, LA 70364
504-857-3612
Fax - 504-857-3782

Regional Manager - Teresa Hardin

Region IV - Lafayette
400 St. Julien Street, Suite 1
Lafayette, LA 70506
337-262-1611
Fax - 337-262-1610

Regional Manager - Joyce Ben

Region V - Lake Charles
3505 Fifth Avenue, Suite B
Lake Charles, LA 70607
337-475-4855
Fax - 337-475-4858

Regional Manager - Terry Nunez

Region VI - Alexandria/Pineville
P.O. Box 7118
Alexandria, LA 71306
318-487-5191
Fax - 318-487-5184

Regional Manager - David Durbin

Region VII - Northwest
6005 Financial Plaza, 2nd Floor
Shreveport, LA 71129
318-632-2040
Fax - 318-632-2073

Regional Manager - Iva Burks

Region VIII - Monroe
2807 Evangeline Street
Monroe, LA 71201
318-362-3270
Fax - 318-362-3268

Regional Manager - Gloria Monroe

Region IX - Northlake
19404 North Tenth Street
Covington, LA 70433
504-871-1380
Fax - 504-871-1388

Regional Manager - Pat Kent

Region X - Jefferson Parish Authority
3101 W. Napoleon Avenue, Suite 226
Metairie, LA 70015
504-838-5327
Fax - 504-838-5391

Regional Manager - George Morlier

REGIONAL MENTAL HEALTH CLINIC (MHC) DIRECTORY

Region I

136 S. Roman Street, 2nd Floor
New Orleans, LA 70112
504-556-9730
Fax - 504-556-9874

Regional Manager - Lynne Scroggins

Region II – CAHSD

P.O. Box 106, Bin #6
Baton Rouge, LA 70821
225-925-1806
Fax - 225-925-1987

Regional Manager - Jan Kasofsky

Region III - c/o Terrebonne MHC

500 Legion Avenue
Houma, LA 70364
504-857-3615
Fax - 504-857-3706

Regional Manager - Don Airhart

Region IV - c/o Acadiana MHC

400 St. Julien Street
Lafayette, LA 70506
337-262-4100
Fax - 337-262-4178

Regional Manager - J. Rene Delaune

Region V - c/o Lake Charles MHC

4105 Kirkman Street
Lake Charles, LA 70605
337-475-8022
Fax - 337-475-8054

Regional Manager - Linda Wheeler

Region VI – c/o Alexandria MHC

P.O. Box 7473
Alexandria, LA 71306
318-487-5611
Fax – 318-484-6844

Regional Manager – Tommy Davis

Region VII – c/o Shreveport MHC

P.O. Box 7904
Shreveport, LA 71137
318-676-5111
Fax – 318-676-5021

Regional Manager – Eddie Jenkins

Region VIII – c/o Monroe MHC

P.O. Box 1843
Monroe, LA 71210
318-362-3339
Fax – 318-362-3336

Regional Manager – Eva Claire Ginn

Region IX – c/o Lurline Smith MHC

900 Wilkinson Street
Mandeville, LA 70448
504-624-4450
Fax – 504-624-4461

Regional Manager – Larry Turner

Region X – (JPHSA)

3101 W. Napoleon Avenue, Suite 110
Metairie, LA 70001
504-838-5700
Fax – 504-838-5706

Regional Manager – Gary LeBlanc

LOUISIANA OFFICE OF PUBLIC HEALTH - HIV/AIDS PROGRAM
2001-2003 HIV Prevention - Community Based Organizations

- 1. ACADIANA CARES**
203 West 3rd Street
Lafayette, LA 70501-7017
Tel - (337) 233-2437
Fax - (337) 235-4178
Contact Person and Title - Claude Martin, Executive Director
Region - 4
Area/s [by Parish and/or Zip Code] Targeted - Evangeline, Lafayette, St. Landry, St. Martin
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Michele Curry - (337) 262-1640
- 2. BATON ROUGE AIDS SOCIETY (BRASS)**
4550 North Boulevard, Suite 260
Baton Rouge, LA 70806
Tel - (225) 923-2437
Fax - (225) 923-2437
Contact Person and Title - Arnold "A.J." Johnson, Program Director - CEO
Region - 2
Area/s [by Parish and/or Zip Code] Targeted - Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe
Coupee, West Feliciana
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
Popular Opinion Leader; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Vedora Parker - (225) 925-4830
- 3. BATON ROUGE BLACK ALCOHOLISM COUNCIL - METRO HEALTH EDUCATION PROGRAM**
440 North Foster Drive Room 206
Baton Rouge, LA 70806
Tel - (225) 926-9057
Fax - (225) 926-0789
Contact Person and Title - Shirley Lolis, Program Director
Region - 2
Area/s [by Parish and/or Zip Code] Targeted - Ascension, East Baton Rouge, East Feliciana, Pointe Coupee,
West Feliciana
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
Small Group Sessions; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Vedora Parker - (225) 925-4830
- 4. CENTRAL LOUISIANA AIDS SUPPORT SERVICES (CLASS)**
103 Bolton Avenue
Alexandria, LA 71301
Tel - (318) 442-1010
Fax - (318) 443-5216
Contact Person and Title - Ann Lowrey, Executive Director
Region - 6
Area/s[by Parish and/or Zip Code] Targeted - Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides,
Vernon, Winn

Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing
OPH HAP Regional Prevention Coordinator - William Mayo - (337) 491-2748

5. **CHILDREN'S HOSPITAL FAMILY ADVOCACY, CARE, AND EDUCATIONAL SERVICES (FACES)**

3308 Tulane Avenue Suite 600

New Orleans, LA 70119

Tel - (504) 821-4611

Fax - (504) 822-2084

Contact Person and Title - Barbara Brown, Director

Region - Orleans

Area/s [by Parish and/or Zip Code] Targeted - Orleans

Pilot Program - Prevention Case Management

OPH HAP Regional Prevention Coordinator - Laurie Gavilo - (504) 568-5489

6. **DR. THEODORE P. ROBINSON EDUCATIONAL FOUNDATION, INC.**

11908 Kingston Drive[**mailing address**]

[**physical location**]

Baton Rouge, LA 70807

1029-B Poplar Street, Bogalusa, LA 70427

Tel - (225) 774-6761

Tel - (504) 735-6732

Fax - (225) 344-9905

Fax - (504) 735-6732

Contact Person and Title - Dr. B. Quillen Humbles, Program Coordinator

Region - 9

Area/s [by Parish and/or Zip Code] Targeted - Bogalusa/Washington

Intervention Strategy/ies - Condom Availability; HIV Prevention Counseling and Testing; Popular Opinion
Leader

OPH HAP Regional Prevention Coordinator: Jamie Segura - (504) 871-1323

7. **FAMILY SERVICES OF GREATER BATON ROUGE**

4727 Revere Avenue

Baton Rouge, LA 70808

Tel - (225) 927-9810

Fax - (225) 927-9807

Contact Person and Title - Mary Helen Borck, Program Manager

Region - 2

Area/s [by Parish and/or Zip Code] Targeted - East Baton Rouge

Intervention Strategy/ies - HIV Prevention Counseling & Testing; Small Group Sessions

OPH HAP Regional Prevention Coordinator - Vedora Parker - (225) 925-4830

8. **FOUR (4) RUNNERS COMMUNITY ACTION PROGRAM, INC.**

P.O. Box 7327[**mailing address**]

[**physical location**]

Monroe, LA 71202

1410 South 2nd Street, Monroe, LA 71202

Tel - (318) 325-2435

Fax - (318) 325-8748

Contact Person and Title - Reverend James W. Curlee, Executive Director

Cedrick Jackson, Program Coordinator

Region - 8

Area/s [by Parish and/or Zip Code] Targeted: East Carroll, Franklin, Madison, Ouachita [South of I-20],
Richland, Tensas, West Carroll

Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
Small Group Sessions

OPH HAP Regional Prevention Coordinator - Susan Wible - (318) 362-4214

9. **GREATER OUACHITA COALITION PROVIDING AIDS RESOURCES AND EDUCATION
GO CARE)**

2121 Justice Street

Monroe, LA 71201

Tel - (318) 325-1092

Fax - (318) 325-1222

- Contact Person and Title** - Richard Womack, Executive Director
Region - 8
Area/s [by Parish and/or Zip Code] Targeted - Caldwell, Jackson, Lincoln, Morehouse, Ouachita [North of I-20], Union
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Susan Wible - (318) 362-4214
- 10. INSTITUTE FOR WOMEN & ETHNIC STUDIES**
 1600 Canal Street, Suite 706
 New Orleans, LA 70112
Tel - (504) 539-9350
Fax - (504) 539-9351
Contact Person and Title - Euna M. August, Executive Director
Region - Orleans
Area/s [by Parish and/or Zip Code] Targeted - Orleans
Intervention Strategy/ies - Small Group Sessions
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047
- 11. JEFFERSON PARISH HUMAN SERVICES AUTHORITY (JPHSA)**
 3101 W. Napoleon Avenue Suite 226
 Metairie, LA 70001
Tel - (504) 838-5596
Fax - (504) 838-5591
Contact Person and Title - Paula Egan, Prevention Director
Region - 1
Area/s [by Parish and/or Zip Code] Targeted - Jefferson
Intervention Strategy/ies - Condom Availability; HIV Prevention Counseling and Testing; Small Group Sessions; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Jamie Segura - (504) 871-1323
- 12. KWAN TAI [N'R PEACE]**
 3400 St Claude Street Suite 203
 New Orleans LA 70117
Tel - (504) 944-9300
Fax - (504) 944-5533
Contact Person and Title - Dr. Gabriel Mendy, Medical Director
 Dimitre Blutcher, Prevention Coordinator
Region - Orleans
Area/s [by Parish and/or Zip Code] Targeted - 70114, 70117, 70131
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing; Popular Opinion Leader; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047
- 13. NO/AIDS TASK FORCE**
 2601 Tulane Ave 5th Floor
 New Orleans LA 70119
Tel - (504) 821-2601
Fax - (504) 821-2040
Contact Person and Title - Noel Twilbeck, Executive Director
 Jean Redmann, Education Director
Region - Orleans
Area/s [by Parish and/or Zip Code] Targeted - 70112, 70116, 70119
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047

- 14. [THE] PHILADELPHIA CENTER**
 2020 Centenary Boulevard
 Shreveport, LA 71104
Tel - (318) 222-6633 **Outreach Department** - (318) 227-4005
Fax - (318) 222-6678
Contact Person and Title - Donald Cowdin, Executive Director
 Sylvia Green, Prevention Coordinator
Region - 7
Area/s [by Parish and/or Zip Code] Targeted - Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
 Small Group Sessions; Popular Opinion Leader; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Iberia Watley - (318)676-7487
- 15. PLANNED PARENTHOOD OF LOUISIANA**
 2601 Tulane Avenue, 7th Floor
 New Orleans, LA 70119
Tel - (504) 821-5423
Fax - (504) 821-9721
Contact Person and Title - Julie Redman, President/Chief Executive Officer
 Angel Randolph, Prevention Coordinator
Region - Orleans
Area/s [by Parish and/or Zip Code] Targeted - 70115, 70130
Intervention Strategy/ies - Street Outreach; Condom Availability
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047
- 16. POSITIVE HEALTH [MHM Services, Inc.]**
 4516 Annette St. **[mailing address]** **[physical location]**
 New Orleans, LA 70127 11000 Morrison Rd., Suite 106, New Orleans
Tel - (504) 240-1115 or 240-1113
Fax - (504) 240-1117
Contact Person and Title - Sharon Howard, Chief Executive Director
Region: Orleans **Area/s [by Parish and/or Zip Code] Targeted** - 70126, 70128, 70129
Intervention Strategy/ies - Street Outreach; HIV Prevention Counseling and Testing
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047
- 17. ST JOHN #5 B.C. / CAMP ACE**
 3613 Hamburg Street
 New Orleans, LA 70122
Tel - (504) 283-7376
Fax - (504) 283-7378
Contact Person and Title - Reverend Bruce Davenport Sr., Executive Director
 Tamachia Davenport, Program Director
Region - Orleans
Area/s [by Parish and/or Zip Code] Targeted - 70122, 27
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
 Venue Based Outreach
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047
- 18. SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER (SELAHEC)**
 1978 Industrial Blvd. **[for Region 3]** 14662 Highway 1064 **[for Region 9]**
 Houma, LA 70363 Natalbany, LA 70403
Tel - (504) 873-2119 **Tel** - (504) 345-1119
Fax - (504) 873-2161 **Fax** - (504) 345-1157
Contact Person and Title - Brian P. Jakes, Executive Director
 Ron West, Project Director
Region - 3
Area/s [by Parish and/or Zip Code] Targeted - Lafourche, Terrebonne

- Region - 9**
Area/s [by Parish and/or Zip Code] Targeted - Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
Intervention Strategy/ies - Street Outreach; Condom Availability; Venue Based Outreach
OPH HAP Regional Prevention Coordinators - **Region 3** - Vedora Parker - (225) 925-4830
Region 9 - Jamie Segura - (504) 871-1323
- 19. SOUTHWEST LOUISIANA AIDS COUNCIL (SLAC)**
 435 10th Street
 Lake Charles, LA 70601
Tel - (337) 439-5861
Fax - (337) 436-8713
Contact Person and Title - Marilyn S. Dunn, Executive Director
Region - 5
Area/s [by Parish and/or Zip Code] Targeted - Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing; Venue Based Outreach
OPH HAP Regional Prevention Coordinator - William Mayo - (337) 491-2748
- 20. SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER (SWLAHEC)**
 P.O. Box 2308 [for Region 3] 103 Independence Avenue [for Region 4]
 Morgan City, LA 70381 Lafayette, LA 70506
Tel - (504) 385-5333 **Tel** - (337) 989-0001
Fax - (504) 385-5333 **Fax** - (337) 989-1401
Contact Person and Title - Jeanne Solis-Daigle, Executive Director
 Connie Sanders, Program Director
Region - 3
Area/s [by Parish and/or Zip Code] Targeted - St. Mary
Region - 4
Area/s [by Parish and/or Zip Code] Targeted - Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing; Venue Based Outreach (Region 4)
OPH HAP Regional Prevention Coordinator - **Region 3** - Vedora Parker - (225) 925-4830
Region 4 - Michele Curry - (337) 262-1640
- 21. TULANE UNIVERSITY MEDICAL SCHOOL**
DEPARTMENT OF PEDIATRICS – ADOLESCENT MEDICINE
 1430 Tulane Avenue #SL37[mailing address] [physical location]
 New Orleans, LA 70112 1434 North Rampart, New Orleans, LA 70116
Tel - (504) 948-6701
Fax - (504) 948-6838
Contact Person and Title - Sue Ellen Abdalian, M.D., Section Head, Adolescent Medicine
Regions - Orleans
Area/s [by Parish and/or Zip Code] Targeted - Orleans
Intervention Strategy/ies - Small Group Sessions; Popular Opinion Leader
OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047
- 22. WHOLE HEALTH OUTREACH, INC.**
 100 Rowley Blvd.
 Arabi, LA 70032
Tel - (504) 271-9110
Fax - (504) 271-8219
Contact Person and Title - Mary Calabresi, Executive Director
 Donald Jasmine, Lead Outreach Worker
Region - 1
Area/s [by Parish and/or Zip Code] Targeted - Jefferson, Plaquemines, St. Bernard

Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
Venue Based Outreach

OPH HAP Regional Prevention Coordinator - Jamie Segura - (504) 871-1300

23. WOMEN WITH A VISION

P. O. Box 4208 **[mailing address]**

[physical location]

New Orleans, LA 70178-4208

2601 Tulane Avenue, 3rd Floor, New Orleans

Tel - (504) 827-2880

Fax - (504) 827-2883

Contact Person and Title - Rakeya Gibson, Executive Director
Danita Muse, Prevention Coordinator

Region - Orleans

Area/s [by Parish and/or Zip Code] Targeted - 70113, 70115, 70118, 70125

Intervention Strategy/ies - Street Outreach; Condom Availability; Venue Based Outreach

OPH HAP Regional Prevention Coordinator - Jacky Bickham - (504) 568-7047

**24. YWCA OF NORTHWEST LOUISIANA
AIDS MINORITY COMMUNITY OUTREACH PROGRAM**

710 Travis

Shreveport, LA 71101

Tel - (318) 226-8717

Fax - (318) 429-4665

Contact Person and Title - Janet Martin, Health and Education Director
Janet Coon, Project Coordinator

Region - 7

Area/s [by Parish and/or Zip Code] Targeted - Bossier, Caddo, DeSoto, Webster

Intervention Strategy/ies - Street Outreach; Condom Availability; HIV Prevention Counseling and Testing;
Small Group Sessions; Venue Based Outreach

OPH HAP Regional Prevention Coordinator - Iberia Watley - (318)676-7487

HIV/AIDS PROGRAM RESOURCE LIBRARY

PRINTED EDUCATIONAL MATERIALS

The HIV/AIDS Program offers a variety of educational materials for use during HIV prevention activities. In 1997, a comprehensive evaluation of educational materials was conducted to assure materials distributed for HAP were effective and appropriate in reaching various target populations. CBOs are instructed to use the Educational Materials Order Form that has been designed to assist you in identifying the most appropriate materials for target populations.

Information regarding materials that are not currently carried by the HIV Resource Library may be obtained by using the HIV/AIDS Prevention Education - Print Media Evaluation recommendations, which are available through the Regional Coordinator.

GUIDELINES FOR ORDERING PRINT MEDIA

- Use the educational materials order form available from HAP to place an order.
- An agency can request print materials once per quarter.
- Each request is limited to a total of 500 pieces.
- There is a limit of 100 pieces per item selected.
- In the event that the Resource Library does not have a particular brochure or pamphlet in stock, the agency requesting the brochure will be notified in writing.
- Should an agency have a special request of materials for a health fair or large community event, please contact your Regional Coordinator for approval prior to placing this order.
- Complete the order form and fax it to 504-568-7044 or mail it to HAP.
- Please complete the section concerning the planned use of the materials.

EDUCATIONAL VIDEO LIBRARY

The HAP Resource Library has a variety of HIV/AIDS related educational videos for loan and duplication. Further information may be obtained from the Educational Resources Coordinator at 504-568-7525.

HIV/AIDS LINE

HAP publishes the *HIV/AIDS Line*, a bimonthly newsletter that focuses on national, state and local HIV/AIDS prevention, services and surveillance activities. This publication is circulated to health care and social service providers, HIV infected and affected individuals and other related agencies throughout the state.

Funded CBOs are encouraged to participate by contributing to the bimonthly calendar, which may include fundraising events or trainings. CBOs may also submit articles regarding their activities.

Issue months are:

- January/February
- March/April
- May/June
- July/August
- September/October
- November/December

For additional information or to submit an article or calendar information, contact the newsletter editor, HAP's Public Relations Specialist, at 504-568-5512.

HAP TRAINING OPPORTUNITIES

AIDS 101 – Topics within this self-study module include the transmission of HIV, antibody testing, risk reduction, disease progression, treatment, and basic overview of other STDs. This self-study course is a prerequisite for all other trainings offered by OPH-HAP. A copy of the AIDS 101 manual can be obtained from the Regional Coordinator. It is distributed to training participants upon confirmation of acceptance into a HAP training.

HIV Prevention Counseling Training – Completion of this two-day training and counseling practicum is required for all staff and volunteers who will be providing HIV prevention counseling at either fixed or mobile testing sites. Topics include communication and counseling skills, assessing client risk for HIV infection, assisting clients in developing realistic and incremental harm/risk reduction plans, giving test results, and providing appropriate referrals. This training is offered several times throughout the year across all regions of the state. Completion of the AIDS 101 self-study course is a prerequisite for this training. More information is available by contacting the Regional Coordinator.

Outreach Training – This 2 and ½ day training is required for all outreach workers and outreach supervisors and is offered a minimum of four times per year. Training materials are available through HAP. Topics covered include outreach methods, protocols, safety requirements, teamwork, harm reduction, related risk issues, and skills building. Completion of the AIDS 101 self-study course and HIV Prevention Counseling Training are prerequisites for this training.

Training of Trainers – HAP provides a training of trainers course to selected individuals for HIV Prevention Counseling and Outreach. Individuals are chosen to participate based on regional recommendations and needs. Persons who successfully complete the training of trainers will agree to conduct training in their area of the state at least once per year.

CBO Orientation – HAP provides an orientation to all agencies funded to conduct HIV prevention activities at the start of each new contract year in January. Information presented during the orientation include program updates, contract requirements, and successful examples of intervention strategies.

Anyone interested in more information on HAP training opportunities may contact
Nicole Hundley, Training Coordinator, at 337-262-5609.

To register for a training, please contact Tamara Noel-Harris,
Logistics Coordinator, at 504-568-8473.

ADDITIONAL TRAINING RESOURCES

American Psychological Association's HOPE Program - This program offers continuing education workshops for mental health professionals working with clients who have HIV/AIDS. Among the eight workshops that they offer are six special population curricula, covering issues involved with delivering mental health services to gay men, women, children/adolescents, communities of color, persons who are mentally ill and persons who are chemically dependent. They also offer workshops on ethics issues and general issues. They can be reached at 750 First Street, NE, Washington, DC 20002 or by phone at 202-336-6042.

American Red Cross - Local chapters of the Red Cross offer HIV/AIDS Education, including HIV/AIDS Starter Facts and HIV/AIDS Fundamentals. Contact your local Red Cross chapter for more information. These courses may substitute for HAP's AIDS 101 self-study course, which is a prerequisite for all HAP trainings.

CDC National Prevention Information Network - The CDC provides information about HIV/AIDS to people and organizations working in prevention, health care, research and support services. They distribute education and prevention materials (videotapes, print materials, posters, published materials, research findings, etc.), offer comprehensive reference and referral services, provide CDC NAC ONLINE, manage the AIDS Clinical Trials Information Service and provide technical assistance services. For more information and a catalog of available materials, write to P.O. Box 6003, Rockville, MD 20849, call 800-458-5231 or fax request to 301-738-6616.

Center for Nonprofit Resources - This agency offers workshops and trainings on topics such as personnel management, board development and grant seeking fundamentals. They can be reached by phone at 504-483-8080, by fax at 504-483-8087 or by mail at 3801 Canal Street, Suite 309, New Orleans, LA 70119.

Delta Region AIDS Education and Training Center (Delta AETC) - This program offers education and training to health care providers. They provide consultation services to Delta Region providers by phone at 800-933-3413, sponsor provider conferences and training sessions, maintain a clearinghouse library and publish the *State of Louisiana HIV/AIDS Service Provider Directory*. They can be reached by phone at 504-568-3855, by fax at 504-568-7893 or by mail at 136 South Roman Street, 3rd Floor, New Orleans, LA 70112.

Jackson State University's National Alumni AIDS Prevention Project - This agency provides capacity building technical assistance and training to minority community based organizations and agencies serving racial and ethnic minorities at risk for HIV and STDs. Some of the trainings that they offer include board development, fiscal/grant management, grant writing and proposal development, quality assurance and volunteer recruitment, development and retention. Services are free and available anywhere. For more information, write to NAAPP, P.O. Box 18890, Jackson, MS 39217, call 601-979-2519 or fax 601-979-5951.

National Minority AIDS Council (NMAC) – NMAC conducts individual, on-site CBO organizational needs assessments to develop strategic plans to support the long-term health of CBOs. NMAC also provides in-depth training and conference opportunities for agencies across the country. They can be contacted by phone at 202-483-6622, by mail at 1931 13th St NW, Washington, DC 20009, or by e-mail at info@nmac.org.

NO/AIDS Task Force - As part of their volunteer training program, NO/AIDS offers several trainings which include topics such as AIDS 101, risk reduction, psycho-social issues and legal issues and which can serve as alternatives to the AIDS 101 prerequisite to other HAP trainings. NO/AIDS also sponsors conferences such as "Empowerment," which is a treatment oriented conference for people with HIV/AIDS. They can be contacted by mail at 2601 Tulane Avenue, Suite 500, New Orleans, LA 70119, by phone at 504-821-2601 or by fax at 504-821-2040.

Puerto Rican Organization For Community Education and Economic Development, Inc. (PROCEED) - PROCEED works to strengthen organizational infrastructure for CBOs serving African Americans, Asians and Pacific Islanders, Latinos and Native Americans. They can be contacted by mail at 815 Elizabeth Avenue, Elizabeth, NJ 07201, by phone at 908-351-7727 or via email at proceedinc@aol.com.

SkillPath Seminars - This organization offers seminars on management training, professional and personal development and computer training. They also have video and audiotapes for sale on the same topics. For a listing of trainings to be offered in Louisiana or nearby states, call 800-873-7545 or write to SkillPath Seminars, P.O. Box 2768, Mission, KS 66201.

HOTLINE NUMBERS

LA Statewide HIV/AIDS Hotline - 800-99-AIDS-9

New Orleans Area - 504-821-6050

Hearing Impaired - 877-566-9448

CDC National AIDS Hotline - 800-342-AIDS

CDC Spanish AIDS Hotline - 800-344-SIDA

CDC Hearing Impaired Hotline - 800-243-7889

CDC National Prevention Information Network - 800-458-5231

CDC National STD/AIDS Hotline - 800-227-8922

Children of the Night (help hotline for people of all ages) - 800-551-1300

Covenant House Crisis Intervention - 800-999-9999

Louisiana Crisis Line (rape, suicide, other services) - 800-749-2673

National Center for Substance Abuse Prevention - 800-729-6686

National Child Abuse Hotline - 800-422-4453

National Domestic Violence Hotline - 800-799-7233

National Drug & Alcohol Treatment Referral Service - 800-662-HELP

National Focus on Recovery (alcohol and crack) - 800-234-1253

National Pediatric HIV Resource Center - 800-362-0071

National Runaway Switchboard - 800-621-4000

Teen AIDS Hotline - 800-440-TEEN

WEBSITES

Agency for Health Care Policy and Research - www.ahcpr.gov

AIDS 101 - www.aids101.com

AIDS Action - www.aidsaction.org

AIDS Action Committee - www.aac.org

AIDS Clinical Trials Information Service - www.actis.org

AIDS Education and Research Trust - www.avert.org

Alternative Medicine Homepage - www.pitt.edu/~cbw/hiv.html

American Foundation for AIDS Research - www.amfar.org

American Liver Foundation - www.liverfoundation.org

American Medical Association - www.ama-assn.org

American Social Health Association - www.ashstd.org

Antibody Resource Page - www.antibodyresource.com

The Body - www.thebody.com

Business Responds to AIDS/Labor Responds to AIDS - www.brta-lrta.org

Center for AIDS Prevention Studies - www.caps.ucsf.edu

Centers for Disease Control - www.cdc.gov

CDC Morbidity and Mortality Weekly Report - www.cdc.gov/epo/mmwr/mmwr.html

CDC National Center for Health Statistics - www.cdc.gov/nchs

CDC National Center for HIV, STD and TB Prevention - www.cdc.gov/nchstp

CDC National Prevention Information Network - www.cdcnpin.org

Delta Region AIDS Education and Training Center - www.deltaetc.org

Elizabeth Glaser Pediatric AIDS Foundation - www.pedaids.org

Federal Register of Grants - www.hrsa.dhhs.gov

Gay Men's Health Crisis - www.gmhc.org

Healthfinder - www.healthfinder.gov

HealthGate - www.healthgate.com

Hepatitis C United Resource Exchange (HepCURE) - www.junction.net/hepcure

HIV/AIDS Treatment Information Service - www.hivatis.org

HIVdent - www.hivdent.org

HIV Positive - www.hivpositive.com

Infectious Diseases Society Association - www.idsociety.org

Johns Hopkins HIV/AIDS Service - www.hopkins-aids.edu

Journal of American Medical Association--HIV/AIDS Info Center - www.ama-assn.org/special/hiv

Medscape (research and articles) - www.medscape.com

National AIDS Treatment Advocacy Project - www.natap.org

National Association on HIV Over Fifty - www.uic.edu/depts/matec/nahof.html

National Cancer Institute - www.nci.nih.gov

National Council for Reliable Health Information - www.ncahf.org

National Hemophilia Foundation - www.infonhf.org

National Institutes of Health Office of AIDS Research - www.nih.gov/od/oar

National Library of Medicine - www.nlm.nih.gov

National Minority AIDS Council (NMAC) - www.nmac.org

National Pediatric and Family HIV Resource Center

For providers - www.pedhivaids.org

For children and families - www.fxbcenter.org

National Women's Health Information Center - www.4women.org

Project Inform - www.projinf.org

Substance Abuse and Mental Health Services Administration - www.samhsa.gov

Test Positive Aware Network - www.tpan.com

U.S. Food and Drug Administration - www.fda.gov

U.S. Social Security Administration - www.ssa.gov

GLOSSARY

AA - African American

ADAC - Alcohol and Drug Abuse Clinic

ADAP - AIDS Drug Assistance Program

AIDS - Acquired Immune Deficiency Syndrome

anonymous - having or giving no name or other personal identifying information

CTAP - Corrective Technical Assistance Plan-targeted technical assistance and monitoring for agencies identified as out-of-compliance with contract objectives

CBO - Community Based Organization

CDC - Centers for Disease Control and Prevention

CPA - Certified Public Accountant

CPG - Community Planning Group-entity which is responsible for formulating the comprehensive HIV prevention plan utilizing the principles of parity, inclusion, and representation

CSKI - Counselor's Skills Inventory-tool used to assess and improve an HIV prevention counselor's effectiveness

CSW - Commercial Sex Worker-person who exchanges sex for money, drugs, food, housing, etc.

CT - HIV Counseling and antibody Testing

collaborative - working jointly with other individuals or organizations to achieve an identified goal

competitive - relating to, characterized by, or based on the act to strive consciously for an objective

confidential - private; secret

consent - to give assent or approval

contact - (as in outreach) brief episode where a street outreach worker provides minimal HIV risk and referral information and condoms to a client, See *encounter*

DIS - Disease Intervention Specialist

demographic - relating to the statistical study of human populations, especially with reference to size, density, distribution, vital statistics, or other identifying factors

encounter - (as in outreach) extended episode where a street outreach worker provides extensive dialogue; including, but not limited to, risk reduction, referral information, HIV education, condom demonstration, and condoms to a client, See *contact*

evaluation - process of determining the significance or worth of some process/intervention, usually by careful appraisal and study

HAP - HIV/AIDS Program

HHP - Home Health Party-peer program activity

HIV - Human Immunodeficiency Virus

HOPWA - Housing Opportunities for Persons With AIDS

high-risk behavior - practice that increases an individual's chance of becoming HIV infected

IDU - Injection Drug User-refers to injecting and skin popping

indeterminate - HIV test result that is inconclusive and may represent either a biologic false positive test brought on by other infections or pregnancy, or a truly false positive from a recent HIV infection in which antibodies have not fully developed; should not be reported as positive or negative, but follow-up is necessary

informed - having communicated information or knowledge

internal - existing or situated within the limits or surface of something

intervention - process which attempts to compel or prevent an action or to maintain or alter a condition

MHC - Mental Health Center

MSM - Men who have Sex with Men

monitor - to watch, observe, or check, especially for a special purpose

non-traditional hours - work schedule that does not conform to the traditional 9 a.m.-5 p.m. Mon.-Fri. routine; includes evening, night, and weekend work

OADA - Office of Alcohol and Drug Abuse

OP - Operation Protect-a Louisiana disease prevention campaign

OPH - Office of Public Health

ORW - Outreach Worker

OraSure - an oral fluid collection device used to collect a specimen for HIV antibody testing

PHU - Parish Health Unit

POL - Popular Opinion Leader

PR/C - Partner Referral and Counseling

PSE - Public Sex Environment-public area where frequent and anonymous sex usually occurs (e.g. public parks, rest stops, restrooms, boat launches, etc.)

PWA - Person With AIDS

PWH - Person With HIV

prevention - the act of preventing or hindering

protocol - a code prescribing strict adherence to correct procedures and precedence; the plan of a measurable treatment

retroactive - extending in scope or effect to a prior time

SOP - Solicitation of Proposals (formerly, RFP: Request For Proposals)-annual process which determines the allocation of funding for competing agencies

STD - Sexually Transmitted Disease

SWG - State Wide Group

seronegative - not infected with HIV, (syn. non-reactive)

seropositive - infected with HIV, (syn. reactive)

strategy - a careful plan or method

supervise - oversee and, if necessary, correct, especially employees or contractual processes

surveillance - close watch kept over someone or something

target population - group of individuals who may or are inclined to practice high-risk behavior(s)

technical - having a special and usually practical knowledge, especially of a mechanical or logistical nature

VBO – Venue Based Outreach

WSW - Women who have Sex with Women

